# My Care Journal

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**Talk to your doctor or health care team if you have any questions about your care.**

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.
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Welcome to the Child and Adolescent Unit at OSU Harding Hospital!

Working through this journal will help you understand yourself better and help you learn things that will help you cope better when you leave the hospital.

This journal is not meant for you to do by yourself. You may do some pages by yourself, but most of this book will be done in group or with a member of your treatment team.

You may or may not do this entire book. You and your treatment team will decide what parts will be most helpful to you.

Daily assignments

You will have daily assignments to help you reach the goals on your treatment plan to be ready to leave the hospital. The nursing staff will help you set your assignments each day. You will earn points for your assignments.

You can keep track of your assignments on the next page.

Take this book with you to your therapist after you leave the hospital. That way you can share the work you have done with your therapist.
# My Daily Assignments

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How Do the People on My Treatment Team Help Me?

There are many people who are part of your treatment team. They will work with you to help you learn about your disease and treatment to help you feel better.

Parents, family or guardians

Your parents, family or guardians will take part in your treatment on the unit. They will also:

• Meet with a Social Worker after admission and may be asked to come back for family meetings.
• Meet with you and your treatment team to make a plan for you after leaving the hospital.
• Will talk with the team about your diagnosis.
• Give consent for any medicines you are to receive.
• They will be asked to be responsible for being sure you get your medicines after discharge and get to your after care appointments.

Doctor

Your doctor leads your treatment team. Your doctor will examine you to decide what is going on with you and how to help you feel better. Your doctor (or someone covering for him/her) will:

• Talk to you every day to see how you are doing.
• Talk with other members of the treatment team about how you are doing in other settings with other people.
• Talk with your parents or guardians about your treatment and get their consent before starting you on any medicines.
• Work with your treatment team to decide when you are ready to go home.
**Resident doctor**
Your Resident is a medical doctor who is specializing in psychiatry. He or she will work closely with your doctor to help you feel better.

**Medical students**
These are people training to be doctors. They will talk to you and provide you support. They will share the information they gather with your doctor and treatment team.

**Nurses**
Your nurses will keep you safe and make sure you feel well. Nurses will give you your medicines. Your nurses will also teach you about:

- Your medicines and how they may affect you.
- Your diagnosis and how to cope better with your symptoms.
- Healthier coping skills and help you practice them.

The nurses will also work with your parents/caregivers to help them understand your medicines, diagnosis and ways to help you cope better with your symptoms.

**Nurse practitioner**
Your nurse practitioner has special training in psychiatric treatment and can prescribe medicines. He or she can also do everything a nurse can to help you learn to manage your symptoms.

**Psychiatric care technician (PCT or Tech)**
The care technicians work with your nurses to keep you safe. They will teach you healthy coping skills and give you opportunities to practice them on the unit and in group.

**Social workers**
The social workers will support you and your family while you are in the hospital. They may get in touch with your therapist, caseworker, or any other person that you are working with to help make plans for when you leave the hospital. They can also connect you to outpatient services so that you can continue your work after you leave.

**Recreational therapists**
Recreational activities help you improve your physical, mental, and emotional well-being. They also help reduce depression, stress and anxiety. Treatments may include arts and crafts, sports, games, dance and movement, drama and music.
Recreational therapy improves:
- Movement and strength
- Reasoning and thinking
- Confidence and social skills

**Teachers**
Teachers will help you keep up with your school work. You will not be counted as absent from your home school because you attend our school. They will see how you are able to do your school work and whether your medicines may change your ability to do your work.
Your treatment team is all the different people who will be working together to help you get ready to be discharged. These are some of the people on your treatment team. Find out the names of the people on your treatment team.

I, ___________________ (name), am the most important member of the treatment team!

<table>
<thead>
<tr>
<th>Treatment team</th>
<th>Names(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents, family, guardians</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
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<tr>
<td>Resident doctor</td>
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<tr>
<td>Medical student</td>
<td></td>
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<tr>
<td>Nurse practitioner</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
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<tr>
<td>Recreational therapists</td>
<td></td>
</tr>
<tr>
<td>PCTs or Techs</td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
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</tbody>
</table>
My Goals for Treatment

One of the first things your treatment team will do is develop a treatment plan with you. This plan will have goals that will allow you to be discharged. We need to know what your goals are for your hospital stay.

What would you like to accomplish while you are here?

You will have daily assignments in this book during your hospital stay.

Your assignments will help you accomplish your treatment plan goals and help you get ready to leave.

Nursing staff will help you set your assignment each day. You will earn points for doing your assignments. You can keep track of your assignments on the My Daily Assignments sheet on page 6 of this book.
Why I Came to the Hospital

What happened that resulted in you coming to the hospital?

What emotions were you feeling during that time?

What were you thinking during that time?

What urges did you feel? What did you want to do during that time?

What did you do during that time because of what you were feeling?
Dialectical Behavioral Therapy (DBT)

Much of this book is based on the concepts of Dialectical Behavioral Therapy or what we call DBT. DBT includes cognitive behavioral therapy. It is based on the idea that everything is composed of opposites and that change occurs when one opposing force is stronger than the other.

The goal of DBT is to learn new life skills. We will help you learn new ways to manage life’s challenges. The skills you will learn in DBT include mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness.

Mindfulness
Mindfulness is using your five senses to observe and describe what is going on around you. This is done without judgment. It is a core skill.

Emotion regulation
Emotion regulation helps you learn to name your emotions. It helps you recognize what makes the emotions stronger and what helps you to diffuse those emotions. It helps you identify triggers to strong emotions.

Distress tolerance
Distress tolerance is for situations you do not like and cannot easily change. It helps you build your emotional tool kit. It helps you develop strategies to use when you are upset that do not include hurting yourself.

Interpersonal effectiveness
Interpersonal effectiveness helps you learn to communicate effectively with people who are important to you while maintaining yourself respect. It includes learning to identify what and who are important to you. Important people are people that influence your life. You may or may not like these people.
### Treatment Themes

Each day at Harding, we focus on a theme during treatments and group activities.

<table>
<thead>
<tr>
<th>Day</th>
<th>Theme</th>
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<tbody>
<tr>
<td>Sunday</td>
<td>Hope</td>
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<tr>
<td>Monday</td>
<td>Mindfulness</td>
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<tr>
<td>Tuesday</td>
<td>Interpersonal effectiveness</td>
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<tr>
<td>Wednesday</td>
<td>Distress tolerance</td>
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<tr>
<td>Thursday</td>
<td>Emotion regulation</td>
</tr>
<tr>
<td>Friday</td>
<td>Lifestyle education</td>
</tr>
<tr>
<td>Saturday</td>
<td>Strengths focused</td>
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</tbody>
</table>
My Safety Plan
Coping Skills to Stay Safe

In this section, we will focus on how to cope with thoughts and urges to harm yourself or someone else. Mostly we will focus on what you can do to stay safe and to keep others safe. We will briefly talk about what you should not do when you are feeling unsafe.

As you work through this section, notice how many activities you consider doing as coping strategies to stay safe that are also healthy activities to do anytime.
Start by Answering These Questions

Have you had any thoughts about harming yourself or someone else?

What kind of unsafe behaviors have you had in the past?

Kids often have a physical feeling when they are upset enough to think about harming themselves or others. Some get headaches. Other kids feel tightness in their bellies.

Describe or draw how your body feels when you are feeling unsafe.
Things Not To Do When Feeling Unsafe

DON’T HURT YOURSELF OR ANYONE ELSE.

DON’T stay away from helpful people.

DON’T keep your feelings bottled up. Talk with someone you trust.

DON’T spend a lot of time thinking about bad things that have happened to you.

DON’T take your problems out on other people.

DON’T spend a lot of time listening to sad or violent music.

DON’T spend a lot of time with friends who will bring you down.

DON’T destroy property.
Think About...

**Things that decrease harmful thoughts or behaviors**

There are certain people, places, things, activities and situations that may decrease your thoughts and urges to harm yourself and others.

- **Who** makes your thoughts/urges of harming yourself or others decrease?
- **What** makes your thoughts or urges of harming yourself or others decrease?
- **When** are your thoughts or urges of harming yourself or others decreased?
- **Where** are the thoughts or urges of harming yourself or others decreased?

Now make your own list of people you should be around, places you are safer, and times you know you will feel better. It might also be helpful to get input from your treatment team, your parents or caregivers.

1. ______________________________________________
2. ______________________________________________
3. ______________________________________________
4. ______________________________________________
5. ______________________________________________
6. ______________________________________________
7. ______________________________________________
8. ______________________________________________
Feedback from your treatment team

Ask at least 3 treatment team members to give you some ideas on things that may decrease your harmful thoughts. At least 1 of these people should be a nurse. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   Signature: ______________________________________________________
Things that trigger harmful thoughts or behaviors

Are there certain people, things, situations, or places that trigger your harmful thoughts or behaviors or make them worse?

• **Who** makes your thoughts or urges of harming yourself or others **increase**?
• **What** makes your thoughts or urges of harming yourself or others **increase**?
• **When** are your thoughts or urges of harming yourself or others **increased**?
• **Where** are the thoughts or urges of harming yourself or others the **worst**?

Now make your own list of people you **should not** be around, things you **should not** do, situations you **should not** be in, and places you **should not** be when you are feeling unsafe. It might also be helpful to get input from your treatment team, parents or caregivers.

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________
7. ________________________________________________
8. ________________________________________________
Feedback from your treatment team

Ask at least 3 treatment team members to give you some ideas on things that may decrease your harmful thoughts. At least 1 of these people should be a nurse. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

Now let’s focus on what makes you feel better when you are having harmful thoughts and urges. This is where your DBT (Dialectical Behavioral Therapy) skills will help you.

As we identify these skills, keep in mind the lists you made.
Making a Safety Plan

Your Safety Plan is a tool that you can use when you are having thoughts and urges to harm yourself or others. It will help you choose healthy ways to cope with those thoughts and feelings and keep you and those around you safe.

Your Safety Plan is intended to be used like a recipe. The only decision you should have to make is the decision to use your Safety Plan. Your Safety Plan needs to be very specific so you have steps to follow.

For example:

- If you say you are going to call your Mom or Dad, list their name and phone number.
- If you are going to read a book, what type of book or author will you choose?
- If you are going to listen to music, which music will you pick and where will you find it?

You should find all the things that you want to put on your Safety Plan in the pages you have already done. Review the work you have done up to this point before you start on your Safety Plan.

Remember that your Safety Plan will only be as good as the effort you put into it!
Safety Plan draft
Using your Mindfulness and Distress Tolerance Skills, pick 9 activities you want to use when you are feeling unsafe. Refer to pages 27, 36, 38 and 40 for ideas.

1.
2.
3.
4.
5.
6.
7.
8.
9.

Now arrange these 9 activities in order with number 1 being the one you think will help you the most and number 9 being the one you think will help you the least.

1.
2.
3.
4.
5.
6.
7.
8.
9.
List the people you should not be around, places you should not go, and activities you should not do when you are feeling unsafe.

1.

2.

3.

4.

5.

List 2 adults that you can call for support when you are feeling unsafe. Make sure these people are acceptable to your parents/caregivers and that you tell these people that they are on your safety plan.

   Name:
   Phone Number:
   Relationship to you:

   Name:
   Phone Number:
   Relationship to you:

The number for the Suicide Prevention Hotline is _________________________.

You can also always call 911 in an emergency.
What is a goal you have for yourself 1 month from now?

What is a goal you have for yourself 1 year from now?

What is a goal you have for yourself 5 years from now?

**Feedback from your treatment team**

*Ask at least 3 treatment team members* to give you some ideas on how to make your *Safety Plan* draft better. At least *1 of these people should be a nurse*. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   Signature: ______________________________________________________

**Next use your Safety Plan** draft and this feedback to write your final *Safety Plan*. 
My Safety Plan

I will do the following things when I am feeling unsafe:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________
7. ________________________________________________________________
8. ________________________________________________________________
9. ________________________________________________________________

10. If I am still feeling unsafe, I will call one of the numbers on my list and go back to number 1!

I will call the following people when I am feeling unsafe:

Name: ________________________________ Number: ____________________
Name: ________________________________ Number: ____________________

The number for the Suicide Prevention Hotline is ________________.

In an emergency, I can also call 911.
I will not do the following things, be in the following places, or be with the following people when I am feeling unsafe:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

My future goals are:
In 1 month to ____________________________________________________
In 1 year to ______________________________________________________
In 5 years to _____________________________________________________

Feedback from My Treatment Team: ____________________________________
______________________________________
______________________________________
______________________________________

Doctor: ___________________________________________________________
Family Member: ____________________________________________________
Nurse: ___________________________________________________________
PCT: _____________________________________________________________
Social Worker: _____________________________________________________
Other: ___________________________________________________________
Keep your Safety Plan handy so you can easily use it when you need it. Ask a staff member to make at least 5 copies of your plan for you. Tape one up in your room. Take the other copies home and place them in places where you will see them. For example: on the refrigerator or on your dresser. You may want to have a copy at school. Make sure your family also has a copy.

Where will you keep your safety plan at home? _______________________________

It is very important that your outpatient therapist knows what you worked on in the hospital. In particular, he or she will want to know what is on your Safety Plan. Be sure to take a copy of your Safety Plan to your first appointment with your therapist.

Make a tool box

Now that you know what kinds of things you will do to stay safe, consider making a Tool Box. A Tool Box should contain the items that you will need in order to use your Safety Plan. For example: pictures, books, paper, a journal, colors, paints, pen, pencil or bubble bath. Collect these items and place them in a container of your choosing. Consider decorating your Tool Box with your family. If you have a Safe Spot consider storing your Tool Box in your Safe Spot. Make a list of the items you will need to collect in order to use your Safety Plan.
It is important to remember that your Safety Plan, like you, is an evolving thing. As you use your Safety Plan, you may learn that some of the activities you listed on it don’t work as well as you had hoped. Maybe you would like to change the way you have prioritized your activities. Perhaps your tastes and preferences will simply change over time. As you learn new Mindfulness and Distress Tolerance activities, you may want to add them to your Safety Plan.

Each time you use your Safety Plan, think about how well it worked and whether or not you would like to make any changes. Ask a staff member to give you 2 or 3 blank copies of the Safety Plan so you can make revisions when you want to. Always keep a blank one that you can copy.

It is also important for you to practice your Safety Plan. Many of the Mindfulness and Distress Tolerance activities you have identified on your Safety Plan work better when you practice them. For example, many relaxation techniques work better the more you use them. Yoga may be easier the more you do it. Crocheting goes faster the more you practice.

Pick at least one activity you have listed on your Safety Plan and practice it twice a day. The activities you have chosen to do to stay safe are activities that are good to do anytime. Keep working to add new Mindfulness and Distress Tolerance activities into your daily life.

Remember...

Healthy coping = Healthy living
Mindfulness

Mindfulness is paying attention to what you are doing and using your senses to observe and describe without judgment. It is an important skill you can use to cope with harmful thoughts and impulses.

A good way to do this is to get involved in an activity that you enjoy. Perhaps you have a hobby you have always enjoyed, or you have learned a new activity you enjoy in Recreational Therapy or on the unit.

Activities I enjoy

1. Check the activities below that you know work for you.

2. Put a star next to the activities you would like or are willing to try.

3. If there are activities not listed that you know work for you or you would like to try, write them in the blanks.

- Yoga
- Relaxation techniques
- Dance
- Play an instrument
- Draw, paint or color
- Take a walk, run or jog
- Write a letter
- Ride a bike
- Look at pictures
- Take a bubble bath
- Take a soothing shower
- ___________________________
Mind States

Each of us has mind states that can impact our thoughts and behaviors at different times. We call these mind states **Reasonable Mind, Emotional Mind and Wise Mind**.

Learn about the mind states, and how you can best use your mind to help control your behaviors.

**Reasonable Mind**

You use your Reasonable Mind when you study for a test or look up information online.

**Your Reasonable Mind:**
- Thinks logically
- Plans behavior
- Pays attention to facts
- Focuses attention
- Not emotional in its approach to solving problems
- “Cold” thoughts

**Emotional Mind**

You use your Emotional Mind when you make emotional decisions about who you like or love. It helps you decide what is important to you and what you care about. It is the caring part of your mind.

**Your Emotional Mind:**
- Allows your emotions to control your thoughts and behaviors
- Makes logical thinking and planning difficult
- May cause you to make facts larger or more important
- Causes the energy of the behavior to match the intensity of the feeling
- “Hot” thoughts
**Wise Mind**

Important decisions need both reason and emotion. The Wise Mind is the coming together, the overlap between the Reasonable Mind and the Emotional Mind. But when they come together, they produce something bigger than either of them was separately.

**Your Wise Mind:**
- Uses your feelings and brain to make a decision that feels right to you
- “Warm” thoughts

You know you are in Wise Mind when you don’t have any sense of dread or anxiety over a decision you make, you just know it is absolutely the right thing to do. There is absolutely no doubt. It takes a long time to develop your wise mind.

**Reasonable Mind + Emotional Mind = Wise Mind**

*Reasonable Mind* gives you a way to solve your problems and *Emotional Mind* gives you a reason (motivation) to solve them.

Everyone has a Wise Mind!
Emotion Regulation

Emotion regulation is taking charge of your emotions or feelings so they don’t take charge of you!

It is a process where you develop the ability to name your emotions. The short term goal is to make better decisions when you are feeling intensely emotional. The long term goal is to feel better more often. This process involves recognizing how your emotions, thoughts and behaviors interact with each other.

Taking charge of your emotions is important because:

• People often have intense emotions. These can include anger, frustration, sadness or anxiety.
• Having problems controlling intense emotions can lead to impulsive or ineffective behaviors or actions.
• Impulsive or ineffective actions are often behavioral solutions to very painful emotions that may have long term negative consequences.

Emotions are important

They communicate to us that something is happening. For example, I feel nervous when I am alone.

They communicate to and influence others. For example, a sad facial expression may cause another person to ask if you are okay and offer you some support.

They prepare us for action. For example, if you step into traffic and hear a car horn, you automatically step back.
Emotion Regulation Practice

This exercise will help you see how your thoughts, emotions and behaviors are connected.

Start by describing an emotional time you had in the last week:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Fill in the event, your thoughts, emotions and behaviors, and the actions in the chart below to see how they are linked.
Distress Tolerance

Crisis survival strategies

Use Distress Tolerance skills to cope with painful events and emotions or difficult situations that you cannot make better right away. Like Mindfulness, you can use these skills to cope with thoughts and urges to harm yourself or others. The following outline describes the different skills of Distress Tolerance.

We will describe these skills in more detail in the following pages.

- Self-Soothe with 5 Senses
- Distract with ACCEPTS
- IMPROVE the Moment
- PROS and CONS
Distract by self-soothing is another group of Distress Tolerance skills that uses your 5 senses to help you survive a crisis.

A good way to remember this set of skills is to trace your hand on a piece of paper. Assign a sense to each finger (see, hear, smell, taste and touch) and write your favorite coping skill for that sense on that finger. When you are in crisis, go through each finger over and over using the coping skill you assigned to it.

For example:
To Tolerate Distress at Home,
Distract by Self-Soothing with 5 Senses

Sooth each of your 5 senses:
- See
- Hear
- Smell
- Taste
- Touch

Activity
On the next page:
1. Check the activities you know will help you.
2. Star the the activities you are willing to try.
3. Add your own ideas in the blanks.
See
- look at nature around you
- polish your nails and admire them
- people watch
- gaze at falling snow or rainfall
- be mindful of each sight that passes you

Hear
- listen to your iPod
- listen to sounds of nature such as birds, rainfall or rustling leaves
- hum a soothing tune
- be mindful of the sounds around you

Smell
- Use your favorite perfume or aftershave
- spray your room with a favorite air freshener
- spray your favorite fragrance on a favorite stuffed toy
- mindfully breathe the fresh smells of nature

Taste
- have a favorite drink, herbal tea or hot chocolate
- savor a piece of peppermint candy
- chew a piece of gum
- treat yourself to a dessert
- be mindful of the taste of the food you eat

Touch
- carry a piece of soft or furry fabric
- rub your favorite lotion on your hands and arms
- comb your hair
- hug a friend
- use a permanent red marker to write what you would say if you feel you have to do something to your body
- experience whatever you are touching
- be mindful of touch that is soothing
To Tolerate Distress at Home, Distract with ACCEPTS

Activity
On the next page:
1. Check the activities you know will help you.
2. Star the activities you are willing to try.
3. Add your own ideas in the blanks.
| Activities                                      | talk with someone you trust that will listen |
|                                               | ask a friend to go to the movies             |
|                                               | do safe things on the computer              |
|                                               | do any of the activities you marked on the Mindfulness Page |
|                                               |                                             |
| Contributing                                  | do something nice for someone to make them smile |
|                                               | write a “Thank You” to someone              |
|                                               | do a chore around the house that you don’t normally do |
|                                               |                                             |
| Comparisons                                  | compare yourself to someone who is coping well |
|                                               | think about others less fortunate than you   |
|                                               | think about other people who are suffering  |
|                                               |                                             |
| Emotions                                      | collect motivational sayings and affirmations |
|                                               | think of words and deeds of someone who loves you |
|                                               | think of someone you love                    |
|                                               | read cards and letters from people who are special to you |
|                                               |                                             |
| Pushing Away                                  | push the situation away by putting it aside |
|                                               | build an imaginary wall between you and “it” |
|                                               | put the pain in a box and put it away        |
|                                               |                                             |
| Thoughts                                      | contain negative thoughts by counting to 10 or by 2’s |
|                                               | journal or write song lyrics                 |
|                                               | remind yourself you’ve made it through the last 10 minutes |
|                                               | practice saying positive self-statements     |
|                                               |                                             |
| Sensations                                   | squeeze a stress ball very hard             |
|                                               | put a rubber band on your wrist, snap it and let go |
|                                               | hug a very soft stuffed animal               |
|                                               |                                             |
To Tolerate Distress at Home, IMPROVE the Moment

**Activity**
On the next pages:
1. **Check** the activities you know will **help you**.
2. **Star** the activities you are **willing to try**.
3. **Add your own ideas** in the blanks.
<table>
<thead>
<tr>
<th>Imagery</th>
<th>daydream</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>imagine very relaxing scenes of your favorite places</td>
</tr>
<tr>
<td></td>
<td>imagine coping well</td>
</tr>
<tr>
<td></td>
<td>imagine everything going well</td>
</tr>
<tr>
<td></td>
<td>imagine hurtful emotions draining out of you</td>
</tr>
<tr>
<td>Meaning</td>
<td>find meaning and value of purpose in the pain</td>
</tr>
<tr>
<td></td>
<td>make “lemonade out of lemons”</td>
</tr>
<tr>
<td></td>
<td>start a Joy Journal or Dream Log, something to remind you that happiness is also a part of life</td>
</tr>
<tr>
<td>Prayer</td>
<td>remember spiritual values</td>
</tr>
<tr>
<td></td>
<td>open your mind to your Wise Mind</td>
</tr>
<tr>
<td></td>
<td>ask for strength to bear the pain in this moment</td>
</tr>
<tr>
<td>Relaxation</td>
<td>massage your neck and scalp</td>
</tr>
<tr>
<td></td>
<td>stretch</td>
</tr>
<tr>
<td></td>
<td>tense and relax each large muscle group (progressive muscle relaxation)</td>
</tr>
<tr>
<td></td>
<td>breathe deeply, in through your nose and out through your mouth slowly</td>
</tr>
<tr>
<td>One thing at a time</td>
<td>do mindful awareness exercises</td>
</tr>
<tr>
<td></td>
<td>be here and now, focus on just what you are doing now</td>
</tr>
<tr>
<td></td>
<td>focus attention on physical sensations that you feel when you walk, breathe, listen or do other tasks</td>
</tr>
</tbody>
</table>
**Vacation**
- take a nap
- take a bubble bath
- turn off your cell phone
- have some “alone time”
- take a short breather from hard work that must be done

**Encouragement**
- be your own cheerleader
- think of all of your good qualities
- it won’t go anywhere until you do it
- “If you think you can, you will”
- “I am doing the best I can” (and no one expects more)
- Talk to your own image in the mirror
Thinking of the pros (positives) and cons (negatives) of a particular situation is a crisis survival skill used in Distress Tolerance. When in the Emotional Mind, focus on:

- the pros of resisting your impulses to harm yourself or others
- the cons of acting on the impulse

Remember to consider both short term and long term pros and cons.

You may find it helpful to write out your Pros and Cons:

Urge or impulse: __________________________________________________________

• Pros: __________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

• Cons: __________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
Make a Safe Spot

A coping skill you may choose to use is to create a Safe Spot. If you are going to use a Safe Spot, there are two things you must do:

1. Make a promise that you will never hurt yourself while you are in your Safe Spot.

2. Never break this promise.

How to create a Safe Spot

Pick a place in your house that you enjoy, such as a comfortable chair by a window to see outside. Pick a place close to a phone. Make sure your caregivers are aware of where your Safe Spot is.

When you have chosen your place, remove all items that you could use to harm yourself. Next, fill your Safe Spot with items that are comforting and life-giving. The first thing you want there is a copy of your Safety Plan.

Spend time in your Safe Spot when you start to feel unsafe!

Items to include

Think of items that you find comforting and life-giving, such as:

- Pictures of loved ones and friends
- A stuffed animal
- A plant
- Cards or sentimental notes from people you love
- A journal and pen
- Music
- A favorite book
- Pictures of happy times
- Letters of encouragement from people you care about
- A favorite blanket
- A snack
- A book of affirmations
- Anything that is meaningful to you
**Interpersonal Effectiveness**

**Relating with others**

Interpersonal Effectiveness refers to being able to communicate well with people who are important to you. This may or may not be someone you like, such as a teacher or your best friend’s mother.

You use Interpersonal Effectiveness in a situation that you do not like and that you can change by your communication.

You want to have a balance between:
- What you are asking or negotiating for,
- The relationship with the person you are asking something of, and
- Yourself respect.

One tool you can use to help you negotiate or ask for something effectively is **DEAR MAN**.

The following pages will explain how to use **DEAR MAN**.
Use DEAR MAN to Ask for Something Effectively

A way to remember these skills is to remember DEAR MAN

D escribe the situation. Stick to the facts.

E xpress your feelings about the situation. “I feel...about the situation”.

A ssert yourself by asking for what you want or saying “no” clearly. Remember the other person cannot read your mind. “I would like...”

R eward the other person ahead of time by explaining the positive effects of getting what you want. Think about how it would benefit the other person as well. Follow through with the reward.

T ake hold of your M ind. Keep your focus on what you want. Don’t be distracted.

A ppear confident. Use a confident tone of voice. Make good eye contact.

N egotiate. Be willing to give to get. Offer other solutions to a problem. Ask for others’ input on how to solve the problem.
The following is an example of how you might use DEAR MAN:

1. **The problem:** My friends are going out after the big game Friday night and I want to go, but my curfew is 10:30 pm.

2. **What I want to be different:** I would like my curfew to be 12:00 am for this one game.

<table>
<thead>
<tr>
<th>Describe</th>
<th>My friends are going out for pizza after the football game Friday night. It’s an annual high school tradition after we play our rival school. My curfew is 10:30 pm, and I will need to be out later if I am going to go along with my friends.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express</td>
<td>I feel excited because this game is against our rival and I know it will be a lot of fun afterwards, especially if we win. I feel nervous asking because I really want to go, and I wasn’t able to go last year. I think I have earned the right to go this year by never breaking my curfew in the past.</td>
</tr>
<tr>
<td>Assert</td>
<td>I want to go to the pizza place after the game on Friday night and stay out until midnight with my friends.</td>
</tr>
<tr>
<td>Reward</td>
<td>I think going would help me have better relationships with my friends at school and that is important to me right now. I also see this as an opportunity for my parents to place more trust in me as I have never broken their trust in the past.</td>
</tr>
<tr>
<td>Mind</td>
<td>This is a good tradition and I want to be a part of it this year.</td>
</tr>
<tr>
<td>Appear confident</td>
<td>Maintain eye contact, have the above points prepared, and do not stray from them. Be aware that you may not get what you want, and be prepared to react appropriately.</td>
</tr>
<tr>
<td>Negotiate</td>
<td>If I am allowed to go out after the game, I will be willing to take on another weekly chore and also would accept additional consequences if I fail to follow my curfew in the future.</td>
</tr>
</tbody>
</table>
Now it’s your turn. **Identify a situation you dislike or want to change.** Write the problem below and what you would like to be different about the situation.

1. **The problem:** ________________________________________________________________
2. **What I want to be different:** ________________________________________________________________

<table>
<thead>
<tr>
<th>Describe</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Express</td>
<td></td>
</tr>
<tr>
<td>Assert</td>
<td></td>
</tr>
<tr>
<td>Reward</td>
<td></td>
</tr>
<tr>
<td>Mind</td>
<td></td>
</tr>
<tr>
<td>Appear confident</td>
<td></td>
</tr>
<tr>
<td>Negotiate</td>
<td></td>
</tr>
</tbody>
</table>
How to keep your Emotional Mind in check

To protect yourself from your Emotional Mind, remember ABC Please.

**Accumulate positive experiences**

**In the short term:** Do pleasant things that are possible right now.
- Increase pleasant activities that lead to positive emotions.
- Do a pleasant activity every day.

**In the long term:** Make changes in your life so positive events will occur more often; build a life worth living.
- Work towards goals:
  - Make a list of positive events you want
  - List small steps towards goals
  - Take the first step
- Pay attention to relationships:
  - Repair old relationships
  - Reach out for new relationships
  - Work on current relationships

**Build mastery**

Schedule one or more activities each day to build a sense of accomplishment.

**Cope ahead of time with emotional situations**

Create a plan ahead of time so that you are prepared to cope skillfully with emotional situations. Imagine yourself coping effectively.
My Anger Plan
**Anger Management**

Until you learn to identify and regulate your emotions, you may find that you have problems with managing your anger.

**List any unsafe behaviors you have had while you were angry in the past.**

**What “triggers” or starts up your anger?**

Some kids get hot when they are angry. Some feel their muscles get tight. Some feel sick to their stomachs. Some get a headache. **Describe or draw how your body feels when you are angry.**

The next page lists some things that are harmful to do when you are angry. **What things have you noticed make your anger worse?**
Things **Not To Do When Feeling Angry**

**DON’T HURT YOURSELF OR ANYONE ELSE.**

**DON’T** destroy property when you are feeling angry unless it is something you planned ahead of time to destroy.

**DON’T** isolate yourself for a long time. If you need a “time out,” make it brief, about 5 to 10 minutes.

**DON’T** bottle up your feelings. Express them in a positive way as soon as you can.

**DON’T** stay away from helpful people.

**DON’T** spend a lot of time with friends who are angry and hostile most of the time.
What things have you tried in the past that have helped you calm down when you were feeling angry?

What things would you like to try in the future? Use your Mindfulness page and Distress Tolerance pages, along with the following page, for ideas.

Everyone feels angry sometimes. Feeling angry is not bad. What we do with our angry feelings can be good or bad.

Some people do not act out their anger. Instead, they stuff it inside. They do not get in trouble at home, school or with the law for anger-related issues. However, this is also not a healthy way to deal with anger. People who stuff their angry feelings inside are prone to stress related illnesses like headaches, stomach aches, ulcers, high blood pressure, and even more serious things. Sometimes people who stuff their anger do it for a long time. Eventually they are like a pressure cooker that just explodes. When they finally let go a little, all the feelings they have been stuffing come out too. They overreact to the situation.

Everyone needs to be aware of their angry feelings and have healthy outlets for their anger!
### Things To Do When Feeling Angry

- Try a brief “time out”. Go to your room to cool down, or just get away from the situation to collect your thoughts.
- Use a “time out signal” with your family, so they will know that you need 10 minutes to calm down.
- Count to 10. If you are still angry, keep counting.
- Punch or yell into a pillow or a punching bag.
- Take a deep breath before you say anything.
- Use “I statements”. Practice using this formula:
  - I feel: (state your feeling)
  - when: (state the behavior that is bothering you)
  - because: (this is optional, but you can explain why if you wish)
  - Please: (state the behavior you want instead)
- Think of assertive ways to say what you want to say.
- Figure out “your piece of the action”. What might you have done that got others responding to you in a negative way?
- Practice deep breathing or other relaxation techniques.
- Try some physical activity like exercising or dancing to music.
- Look at your **Mindfulness** page and try any activity that interests you.
- Look at your **Distress Tolerance** pages. Are there any activities on these pages that you think would help you calm down when you are angry?
Anger Plan Draft

I know I am angry when this happens to my body:

Healthy ways I can let other people know I am angry include:

When I am feeling angry, I will do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

When I am feeling angry, I will not do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
Feedback from your treatment team

Ask at least 1 nurse, 1 family member, and 2 other staff members to give you feedback on your Anger Plan Draft. This “feedback” includes ideas on how to make your anger plan better. Have them write their suggestions here and sign them.

1. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________________

3. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________________

4. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________________

Now use your Anger Plan Draft and your feedback to write your final Anger Plan on the next page.
My Anger Plan

I know I am angry when my body feels:

Healthy ways I can let other people know I am angry include:

When I am feeling angry, I will do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

When I am feeling angry, I will not do the following things:
1. Hurt or kill myself.
2. Hurt or kill anyone else.
3. Destroy property.
4. ______________________________________________________________
5. ______________________________________________________________

Keep your Anger Plan handy where you can easily use it. Hang a copy in your room. Make sure your family has a copy. Where will you keep your Anger Plan at home?

___________________________________________

Signatures:                  Doctor: __________________________
                            Nurse: __________________________
                            Social Worker: ____________________
                            Family Member: _____________________
                            PCT: _____________________________
                            Other: ____________________________
Anxiety

Anxiety can be an intense emotion that is difficult to identify and manage for some people. It can be so painful that it can lead to impulsive or unsafe behaviors.

Think about times in the past that you have felt very anxious. **What, if anything, have you done during these times that was not helpful or unsafe?**

Anxiety often causes physical feelings. Some kids describe feeling “butterflies” in their stomachs. Other kids feel tightness in their bellies. Some get headaches or backaches.

**Describe or draw how your body feels when you are feeling anxious.**

Sometime people feel compelled to do certain things when they are feeling anxious like excessively wash their hands or clean things. Sometimes they feel like they have to do these things to prevent something bad from happening.

**Have you ever felt this way? If so, describe how you felt and what you felt compelled to do.**
Sometimes certain people, things, situations, or places can start up or “trigger” anxiety. If you are already feeling anxious, certain people, things, situations or places may make your anxiety increase.

Think about...

- **Who?** Is there anyone that makes your anxious thought or feelings increase?
- **What?** Is there something or a situation that makes your anxious thoughts or feelings increase?
- **When?** Is there a time that your anxious thoughts or feelings are increased?
- **Where?** Is there a place that your anxious thoughts or feelings are increased?

There are also certain people, places, things, activities or situations that may decrease your anxious thoughts or feelings.

Think about...

- **Who?** Is there anyone that makes your anxious thoughts or feelings decrease?
- **What?** Is there something or a situation that makes your anxious thoughts or feelings decrease?
- **When?** Is there a time that your anxious thoughts or feelings are decreased?
- **Where?** Is there a place that your anxious thoughts or feelings are decreased?
Activities to Help with Anxiety

1. Review your **Mindfulness** activities on pages 31 to 33.
   - List a few **Mindfulness** activities you would like to try:

2. Review your **Distress Tolerance** activities on pages 37 to 46.
   - List a few **Distress Tolerance** activities you would like to try:

3. Positive Thinking – Blocking the Negative Thoughts – remember anxiety can be both triggered and relieved by what we think.

4. Do something routine that doesn’t require a lot of concentration. For example, take the dog for a walk or do some yard work.

5. Be able to laugh at yourself, especially if you feel you didn’t do something perfectly. Remind yourself of things like “I’m only human” or “I did the best I could”.

6. Plan ahead when you know you have to do things that will increase your anxiety. For example, if it makes you anxious to go to the dentist, and you know there is usually a long wait before your appointment, consider taking your iPod or something to read.

7. Squeeze a stress ball.
Anxiety Plan Draft

I know I am getting anxious when I start to have the following thoughts and/or my body feels the following way:

When I am feeling anxious, I **will do** the following things to make myself feel better (include ways you will think and activities you will do):
1.
2.
3.
4.
5.

When I am feeling anxious, I **will not do** the following things:
1.
2.
3.
4.
5.

Adults I can call for help (make sure these people are acceptable to your parents / guardians):

Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Feedback from your treatment team

Ask at least 1 nurse, 1 family member, and 2 other staff members to give you feedback on your Anxiety Plan Draft. This “feedback” includes ideas on how to make your anxiety plan better. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

Now use your Anxiety Plan Draft and your feedback to write your final Anxiety Plan on the next page.
I know I am getting anxious when I start to have the following thoughts and/or my body feels the following way:

When I am feeling anxious, I will do the following things to make myself feel better (include ways you will think and activities you will do):
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

When I am feeling anxious, I will not do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

Adults I can call for help:
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________

Signatures:          Doctor: __________________________  Family Member: _______________________
                     Nurse: __________________________  PCT: __________________________
                     Social Worker: __________________  Other: ___________________________
My Plan to Cope with Hallucinations
Hallucinations

Hallucinations are a symptom that can trigger both anger and thoughts of harming yourself or others.

Hallucinations happen when one or more of your five senses play tricks on your brain. They are very real to the person experiencing them.

**Types of hallucinations**

- **Visual hallucinations:** Seeing things that other people do not see.
- **Auditory hallucinations:** Hearing things that other people do not hear.
- **Tactile hallucinations:** Feeling things like tingling or pain that has no real cause.
- **Olfactory hallucinations:** Smelling things that others do not smell.
- **Gustatory hallucinations:** Tasting something that has no real cause.

**Command hallucinations**

These are hallucinations that tell you to do something. Often what they tell you to do is harmful to you or someone else.

If you have command hallucinations, let someone know right away and use your plan to cope. You will be creating a plan to cope with hallucinations on the next pages.

**Triggers**

Certain things may trigger or start up hallucinations. It is important to know what triggers your hallucinations if you have them.

Some common examples of triggers include:

- Illness

- Stress
- Anxiety
- Street drugs
- Not getting enough sleep
- Frightening things from the past
- Frightening things happening now
- Not taking your prescribed medicine
Coping with Hallucinations

These are some ideas you can use to cope with hallucinations. Everyone is different. It is important to find the things that are helpful to you.

• **Take your medicine the way your doctor prescribes it.** This is very important if you have hallucinations. There are medicines that specifically target hallucinations, but they may not work if you do not take them correctly.

• “Reality Test” – Since hallucinations are very real to the person experiencing them, it is important to have someone you trust that can tell you if they are experiencing the same things you are. This technique of checking to see if others see, hear, feel, smell or taste what you do is called **reality testing**.

• Tell the voice “You are not real and you have no power over me!”

• Tell yourself you won’t listen to the voice.

• Talk to a helpful person like your counselor, a family member or your doctor.

• Focus on something else. Use your **Mindfulness** and **Distress Tolerance** skills.

• Go to a different place to change your environment.

• Listen to the radio or an iPod.

• Watch TV or a movie.

• Hum.

• Do some physical activity.

• Avoid things that you know trigger your hallucinations.
The following things help me to cope with my hallucinations:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

The following things make my hallucinations worse:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

I can call the following adults to help me cope with my hallucinations:
Name: ___________________________________________________________
Number: ___________________ Relationship: __________________________

Name: ___________________________________________________________
Number: ___________________ Relationship: __________________________

Name: ___________________________________________________________
Number: ___________________ Relationship: __________________________

Signatures: Doctor: __________________________ Family Member: ________________
Nurse: __________________________ PCT: _____________________________
Social Worker: ____________________ Other: ____________________________
Simply put, your diagnosis is the name given to the collection of symptoms that you have. The most important part of knowing your diagnosis is knowing all your symptoms and how to manage them.

Since you are the most important person on the treatment team, your outpatient psychiatrist will rely on you to report on how each of your symptoms is changing after you go home.

My diagnosis is: ________________________________

My symptoms include:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________

I can do the following things to help myself stay well.
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
Taking medicine can be an important way to stay well. If your doctor decides that you need medicine, ask what symptoms he or she expects to improve with the medicine.

The way your symptoms change is how your doctor judges how well the medicine is working. In the hospital, your care team will be watching your symptoms. When you go home, your outpatient doctor will rely on you to report changes in your symptoms. Your family or caregivers can report on what they see, but you are the expert on you.

It is also important to know that:

• We will recommend that your parents be responsible for giving your medicines at home.

• It is important that you take your medicine exactly as the doctor prescribes it. If your medicine has a special instruction like “take with food”, it is important to follow it, or your medicine might not work as well for you.

• If you feel your dose isn’t right, talk to your doctor before you change anything. If you want to stop taking your medicine, talk to your doctor first. It can be dangerous to suddenly stop taking some medicines.

• If you feel the medicine is harming you in any way, tell your parent or caregiver or doctor right away.

• Now that you are taking prescription medicine, it is wise to check with your pharmacist before using over-the-counter medicines to be sure they do not interact with your medicine.

• Make sure all of your doctors know all of the medicines you are taking.

• It can be dangerous to mix illegal drugs and alcohol with prescription medicines.
Fill in the following table with your medicines.

<table>
<thead>
<tr>
<th>Medicine name</th>
<th>What it can help</th>
<th>When to take and special instructions</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
How Psychotropic Medicines Work

The brain is made up of billions of tiny cells. For the brain to function, these cells talk to each other by using a chemical relay system. Tiny chemicals called neurotransmitters carry messages back and forth from one brain cell to the next. These chemicals also affect how a person thinks, feels and acts. If these chemicals change, a person’s emotional state may change. If these chemicals become imbalanced, a person can suffer from symptoms of mental illness.

Psychotropic medicines are a group of medicines that affect thinking, mood, and behavior by helping to restore balance to the chemicals in the brain.
## Recreational Therapy

Use the list on this page to help complete the next two pages.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples to Apples</td>
<td>Football helmets</td>
<td>Operation</td>
</tr>
<tr>
<td>Arts and crafts</td>
<td>Fuse beads</td>
<td>Outburst</td>
</tr>
<tr>
<td>Battleship</td>
<td>Going outdoors</td>
<td>Painting</td>
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<tr>
<td>Beaded animals</td>
<td>Guided imagery</td>
<td>Pillow making</td>
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<tr>
<td>Beading</td>
<td>Gym</td>
<td>Relaxation</td>
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<tr>
<td>Bingo</td>
<td>Hat making</td>
<td>Sand pictures</td>
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<tr>
<td>Boggle</td>
<td>Holiday activities</td>
<td>Scattergories</td>
</tr>
<tr>
<td>Bracelet making</td>
<td>Holiday decorating</td>
<td>Scene It</td>
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<tr>
<td>Cards</td>
<td>I Spy</td>
<td>Scratch art</td>
</tr>
<tr>
<td>Categories</td>
<td>Ice cream making</td>
<td>Self-Esteem Group</td>
</tr>
<tr>
<td>Checkers</td>
<td>Imagine If</td>
<td>Sequence</td>
</tr>
<tr>
<td>Chess</td>
<td>Jewelry making</td>
<td>Socialization Group</td>
</tr>
<tr>
<td>Collages</td>
<td>Jigsaw puzzles</td>
<td>Spoons</td>
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<tr>
<td>Coloring</td>
<td>Jingo</td>
<td>Stained glass window</td>
</tr>
<tr>
<td>Communication Group</td>
<td>Journaling</td>
<td>Stretching</td>
</tr>
<tr>
<td>Connect Four</td>
<td>Karaoke</td>
<td>Stuffed animals</td>
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<tr>
<td>Cooking</td>
<td>Legos</td>
<td>Suncatchers</td>
</tr>
<tr>
<td>Coping Skills Group</td>
<td>Life</td>
<td>Totika/Jenga</td>
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<tr>
<td>Copper projects</td>
<td>Mastermind</td>
<td>Uno</td>
</tr>
<tr>
<td>Creative writing</td>
<td>Model magic</td>
<td>Weight lifting</td>
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<tr>
<td>Dance group</td>
<td>Monopoly</td>
<td>Wii</td>
</tr>
<tr>
<td>Discussion Group</td>
<td>Movies</td>
<td>Woodworking</td>
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<tr>
<td>Dominos</td>
<td>Musical Instrument Group</td>
<td>Yoga</td>
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<tr>
<td>Drawing</td>
<td>Muscle relaxation</td>
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<tr>
<td>Dream interpretation</td>
<td>Name that Tune</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
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</tbody>
</table>
What activities did I do in Recreational Therapy group?

What activities did I like?

Safe activities that calm me down/help me feel better:

Activities I can do by myself:

Activities I can do with a friend or friends:

Activities I can do with my family:

Activities I am going to continue when I leave the hospital:
**Things that get in the way of me doing activities that help me:**

**A new activity that I would like to try / learn more about:**

**An activity that I can do that is free to me:**

**If there is an activity that I enjoy but I lack support with that activity, what can I do?**

My Signature: ________________________________________________________________

My Family’s Signatures: _________________________________________________________
___________________________________________________________________________

Nurse’s Signature: _____________________________________________________________

Recreational Therapist’s Signature: ________________________________________________

Other Staff Signatures: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
My Back to School Plan
My Back to School Plan

My school
My school is: ___________________
_____________________________
_____________________________
The best thing about school is:  ____
_____________________________
_____________________________
The hardest thing about school is: __
_____________________________
_____________________________

Who can I count on?
Some people I can count on at school are: _________________________
_____________________________
_____________________________
_____________________________
_____________________________

Some teachers, coaches, or counselors I can count on at school are: _________________________
_____________________________
_____________________________
_____________________________
_____________________________

How to respond to questions
Kids sometimes worry about what to say to people at school when it’s time to return home from the hospital.
It’s important to have a plan, so you will know what to say in response to questions.

You want to say something that feels comfortable, is well rehearsed, and will not make you upset. What you say will usually depend on who is doing the asking. Good and close friends will probably be the ones who are most concerned about you. Keep your response short to reassure them, and do not go into great detail.

What will you say?
When you go back to school, some people might ask where you have been. You can decide how much you want to tell them.

The answers are short and end with a question about how the other person is. This helps to keep people from asking too many questions about you and puts the conversation back on them.

Some responses you can give are:
• I was sick, but I’m glad to be back. How are you? What did I miss?
• I had to see a doctor, but everything is ok. Thanks for asking. How are you?
• I don’t want to talk about it, but I’m okay. What did I miss?

If kids already know you were in a psychiatric hospital, the next question may be “Why?” You can say as much or as little as you wish. You could say:
• Thanks for asking. I had a rough patch and got the help I needed. How are you?

Let’s practice...how will you respond? ____________________________
___________________________
___________________________
___________________________
___________________________

How would you like to be treated?
We will be contacting your school to let them know you are returning. We want to make this transition as smooth as possible.
• How would you like us to advise school personnel to approach you? ____________________________
___________________________
___________________________
• Or would you feel more comfortable with them not saying anything? ____________________________
___________________________
___________________________

What supports do you think would be helpful? For example: time out, spending time in guidance office or having a quiet place to go.
___________________________
___________________________
___________________________

What can I do to help myself if I get stressed at school?

Distress tolerance
This is what you use when you have to accept something you cannot change.

In most cases, you have no choice over where you go to school, who your teachers are, and what classes you have to take and pass.

You practiced some of these techniques in the hospital. Pick out a few of your favorites: ______________
___________________________
___________________________
To Tolerate Distress at School, Distract with ACCEPTS

**Activities**
- talk with someone you trust and will listen
- plan an activity after school
- plan to sit with someone at lunch
- color, draw or doodle

**Contributing**
- do something nice for someone to make them smile
- tutor a fellow student who needs help
- tell someone you like them for no reason
- write a “Thank You” note to someone

**Comparisons**
- compare yourself to someone who is coping well
- think about others less fortunate than you
- think about other people who are suffering

**Emotions**
- read something funny
- collect motivational sayings and affirmations
- remember you are loved
- think of words and deeds of someone who loves you
- think of someone you love

**Pushing away**
- push the situation away by putting it aside
- build an imaginary wall between you and “it”
- put the pain in a box and put it away

**Thoughts**
- contain negative thoughts by counting to 20 by 2s
- journal or write song lyrics
- remind yourself you’ve made it through the last 10 minutes

**Sensations**
- squeeze a stress ball very hard
- put a rubber band on your wrist - snap it and let go
To Tolerate Distress at School, IMPROVE the Moment

**Imagery**
- imagine very relaxing scenes or your favorite place
- imagine everything going well
- imagine coping well
- imagine hurtful emotions draining out of you
- daydream

**Meaning**
- find meaning, value or purpose in the pain
- start a Joy Journal or Dream Log to remind you that happiness is a part of life
- “make lemonade out of lemons”

**Prayer**
- ask for strength to bear the pain in this moment
- open your heart to your wise mind
- remember spiritual values

**Relaxation**
- tense and relax each large muscle group
- breathe deeply or meditate
- massage your neck and scalp
- change your facial expression
- stretch or do progressive muscle relaxation

**One thing now**
- be here now; focus on just what you are doing now
- focus attention on physical sensations that accompany tasks like walking, breathing and listening
- do mindful or awareness exercises

**Vacation**
- take a short breather from hard work that must be done
- turn off your cell phone
- chill between classes

**Encouragement**
- be your own cheerleader
- it won’t go anywhere until you do
- “I am doing the best I can” (and no one expects more)
- think of all of your good qualities
- talk to your own image in the mirror
- “If you think you can’t, you won’t! If you think you can, you will!!!”
My Personal Discharge Plan
My Personal Discharge Plan

Look back at page 11. Review the goals you set for your hospital stay. Did you accomplish your goals? If the answer is yes, how does it feel? If the answer is no, what kept you from reaching your goal(s)?

What things do you plan to do to take care of yourself at home?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

What would you like to learn more about?

What people and places can you go to for help and support?
1. __________________________________________________________________
2. __________________________________________________________________
3. __________________________________________________________________
4. __________________________________________________________________
After discharge from the hospital, what things will you not do?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

If your symptoms get worse, what will you do?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________

Signatures:          Doctor: __________________________          Family Member: __________________________
                     Nurse: __________________________              PCT: __________________________
                     Social Worker: __________________________     Other: __________________________