



Youth Emergency & Crisis Services Resources

Developed by Nasuh Malas, M.D., M.P.H. in collaboration with: Sheila Marcus, M.D.; Victor Hong, M.D.; Sarah Wise, B.S.N., R.N., NE-BC; and Polly Gipson Allen, Ph.D.

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DEPARTMENT OF PSYCHIATRY

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Consider the factors which may contribute to behavioral dysregulation in youth.



Youth at Risk of Behavioral Dysregulation in the Emergency & Crisis Setting

Behavioral dysregulation refers to a pattern of difficulties in controlling or managing one's behaviors in a way that is safe and appropriate, often resulting in impulsivity, aggression, or emotional outbursts. This can be related to physical health factors, developmental factors, psychiatric factors, psychosocial factors, substance use, or a combination of these factors. Youth with a history of trauma may be particularly at risk.

Establish Environmental Safety

- Ensure the environment is safe and free of any potential weapons or items that could be distressing for the patient
- Introduce items that may promote patient safety, including a TV, tablet, music, sensory toys, or safe preferred items
- Implement the appropriate level of observation given the patient's medical and mental health needs
- Notify appropriate members of the care team of the patient's potential risk for behavioral dysregulation; this may include the providers involved, the bedside RN, the charge RN, social work, security, or other supportive staff
- Parents or support people may be helpful in identifying objects and techniques that have historically helped

Determine Etiologies of Dysregulation

- [Pediatric Psychopharmacology Clinical Decision Flowchart for Acute Behavioral Escalation Management](#) for assessment of potential etiologies contributing to the risk of behavioral dysregulation and to identify tailored ways to support the patient and family

Non-Pharmacological Management Using Trauma-Informed and Developmentally-Tailored Care

- [ECSC Behavioral Plan of Care to Address Youth Behavioral Dysregulation](#)
- [ECSC Daily Schedule to Address Youth Behavioral Dysregulation](#) for patient routine
- [ECSC Crisis and Coping Workbook for Youth and Families](#)

Pharmacological Management

- [ECSC Psychopharmacology Reference Card to Address Youth Behavioral Dysregulation](#) for medication and dosage information

MC3 Psychiatric Consultation

Request a consultation with an MC3 psychiatrist for guidance on:

- Assessment and diagnostic clarification
- Medication recommendations
- Behavioral interventions for patients
- Complex mental health disposition or resource referrals

Submit an MC3 psychiatric consultation request by visiting MC3Michigan.org/request-consultation-emergencydept or scan the QR code.



This resource has been adapted from the following source: Hoffmann, J. A., Pergjika, A., Konicek, C. E., & Reynolds, S. L. (2021). Pharmacologic Management of Acute Agitation in Youth in the Emergency Department. *Pediatric emergency care*, 37(8), 417–422. <https://doi.org/10.1097/PEC.0000000000002510>

Early Warning Signs of Dysregulation in Youth

Understanding early warning signs of dysregulation enables you to respond to youth with support and prevent escalation.

The following represent changes from a child's typical presentation and should appear above and beyond what is developmentally expectable behavior.

Restlessness or Fidgeting

- Fidgets with hands, feet, or objects
- Taps, squirms, or moves constantly
- Gets up or leaves seat often
- Seems "driven" or on edge
- Has trouble waiting their turn



Breath Changes

- Breathing becomes faster or shallower
- Sighing, gasping, or holding breath
- May be louder breathing than normal
- Breathing through mouth
- Noticeable change from baseline



Somatic Complaints

- Complaints of headache, stomachache, or nausea
- Describe feeling "sick" or "off"
- Appears tired or low energy
- Frequent bathroom visits
- Physical discomfort without clear cause



Avoidance or Rigidity

- Avoids people, places, or tasks
- Struggles with transitions or changes
- Insists on things being a certain way
- Becomes stuck or inflexible
- Difficulty adapting to unexpected changes



Changes in Tone/Mood, Testing Limits

- Argumentative, easily annoyed, or irritable
- Becomes quiet, withdraws, shuts down, or isolates
- Tests limits or pushes boundaries
- Voice changes (whiny, yelling, mumbling)
- Shifts in mood



Youth may experience the emergency department very differently than providers do. When the ED feels safe from a provider's perspective, it may not feel safe to the patient. Use a trauma-informed approach to care to create a more supportive environment and improve overall patient results.



How the ED can distress patients

Many factors within an emergency department environment can unintentionally cause distress to patients, including:

- Bright lights and loud noises
- Unfamiliar people and medical equipment
- Painful procedures or physical examinations
- Waiting without clear expectations
- Loss of privacy or control
- Previous trauma or negative healthcare experiences
- Cultural or family factors influencing patient experience

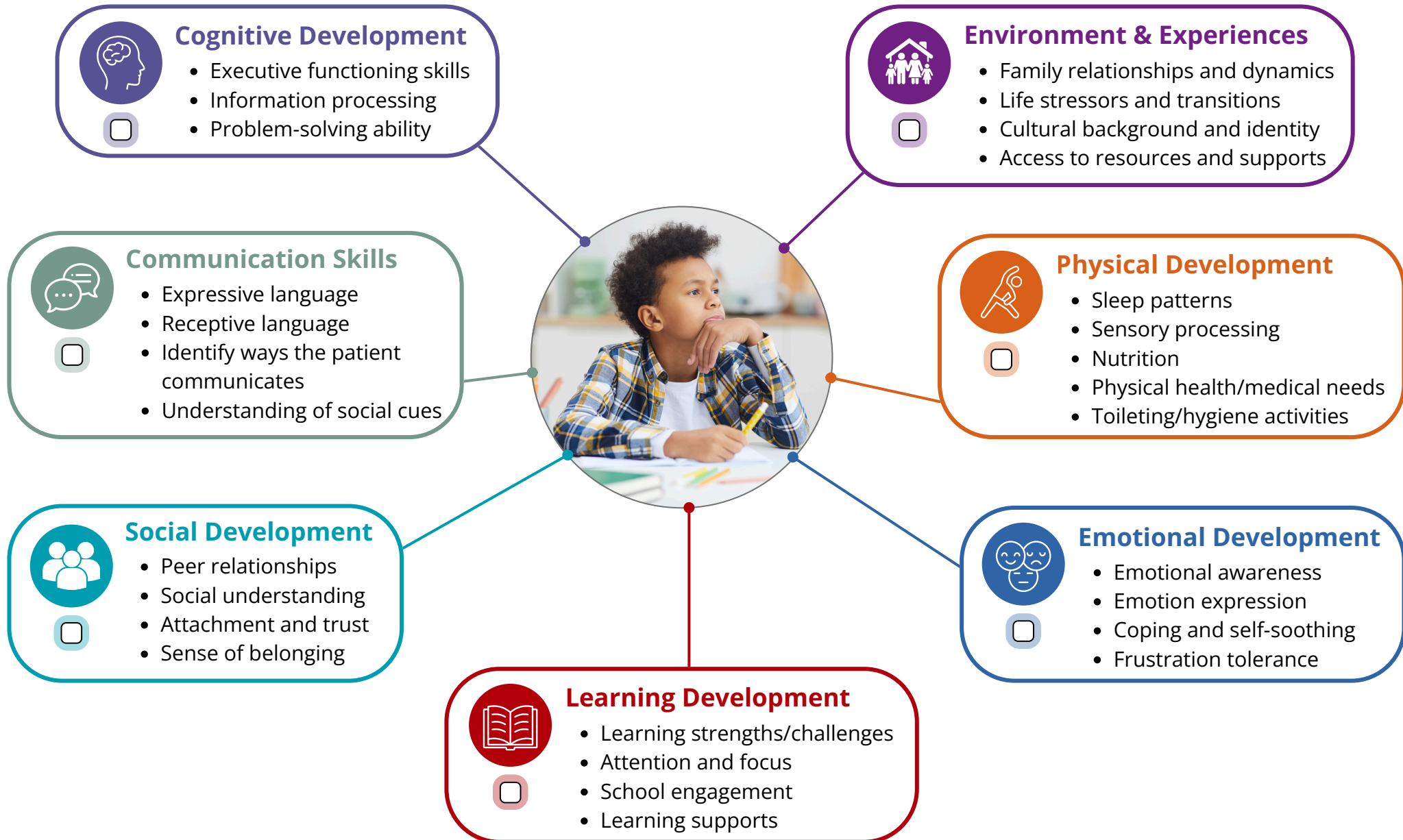


How to use trauma-informed care

Changes in your communication and approach can reduce a patient's level of distress and provide a safe, therapeutic environment for care.

Trauma-informed care strategies include:

- Explain what will happen before it happens
- Use calm, respectful communication
- Offer simple choices when appropriate
- Ask permission to touch the patient
- Minimize staff present
- Partner with caregivers
- Validate emotions and concerns



Staff Care Practices

See MC3's Staff Care Practices poster for guidance.

Patient
sticker

Support

Known triggers/stressors/trauma reminders to minimize or avoid: _____

Known interventions that support maintaining calm: _____

Ask the patient and/or their support person what the patient looks like when calm vs. distressed (see MC3's Identifying Emotions flyer for helpful information): _____

Establish interdisciplinary team — consults for the following disciplines have been ordered:

- | | | |
|--|--|--------------------------------------|
| ☐ MC3 psychiatric consultation | ☐ Child Life | ☐ Volunteer |
| ☐ PT/OT/Speech | ☐ Dietary sensitivities/preferences | ☐ Pet therapy |
| ☐ Peer support/Family navigator | ☐ Chaplain/Spiritual care | ☐ Social work |

Sensory-friendly Environment

Soothe the senses & reduce overstimulation when possible

- | | |
|--|---|
| ☐ Soft, non-abrasive texture toys | ☐ Soothing scents such as essential oils (if tolerated) |
| ☐ Sound cancelling headphones | ☐ Use a tablet or electronic device |
| ☐ Keep space tidy | ☐ Reduce noise/alarms where possible (including closing doors) |
| ☐ Dim lights | ☐ Minimize touch |
| ☐ Cluster care | ☐ Other _____ |
| ☐ Consider and mitigate triggers | _____ |

Signals for Communication

Methods of communication preferred by the patient:

- | | |
|--|--|
| ☐ Visual aids | ☐ Glasses/hearing aids as needed |
| ☐ Pictures such as bathroom, food, etc. | ☐ Sign language |
| ☐ Label objects in the room | ☐ Monitor patient's understanding of their environment and treatment plan |
| ☐ Communication board | ☐ Other _____ |

Survey of Abilities

Identify patient's ability to complete daily functions, including:

- | | |
|--|--------------------------------------|
| ☐ Feed self _____ | ☐ Other _____ |
| ☐ Toilet _____ | _____ |
| ☐ Ambulate _____ | _____ |

Schedule

Establish daily schedule (unless unpredictable/uncertain) and post in patient's space:

- | | |
|---|--------------------------------------|
| ☐ Follow the schedule | ☐ Other _____ |
| ☐ If schedule changes, notify the patient ASAP & note the change on the schedule | _____ |

Completed by: _____ Date completed: _____

The 6 S's to Stabilize Behaviors: Staff Care Practices

The 6 S's to Stabilize Behaviors are Staff Care Practices, Support, Sensory-friendly Environment, Signals for Communication, Survey of Abilities, and Schedule.

Staff can support youth in their care by using a **trauma-informed, patient-centered approach** as outlined below to determine their risk of behavioral dysregulation and create a safe and therapeutic environment for care.



Safety

- Slow down
- Speak tenderly
- Minimize touch
- Be aware of your emotions & triggers/stressors/trauma reminders
- Tap out, take care, then re-engage
- Minimize staff to the least needed (reduce crowds & commotion)

Trust

- Introduce yourself
- Describe procedures & demonstrate on a stuffed animal or doll
- Question the necessity of interventions
- Designate one staff member to speak to the patient
- Allow patient to touch equipment before use
- Interact at patient's eye level
- Ask clarifying questions

Choice

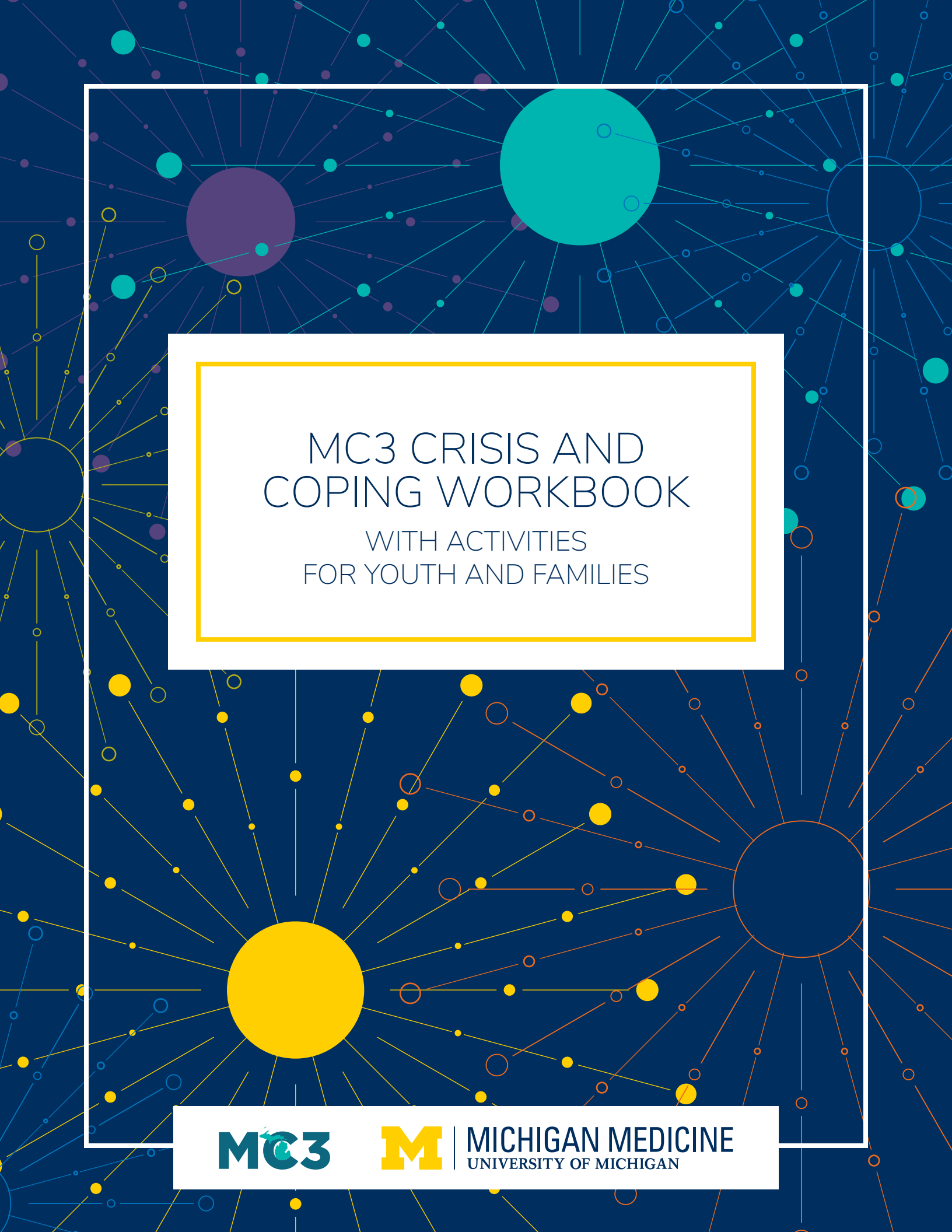
- Offer simple choices
- Allow patient to make decisions when feasible
- Offer options or explain why options are not available

Collaboration

- Collect collateral information
- Include the patient, family, & support person
- Build an interdisciplinary team

Empowerment

- Praise desired behaviors
- Ask permission to touch patient
- Provide simple explanations & check for understanding
- Model & teach skills when possible



MC3 CRISIS AND COPING WORKBOOK

WITH ACTIVITIES
FOR YOUTH AND FAMILIES



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Acknowledgments

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A note to parents & caregivers:

Guiding your young person through a mental health crisis is hard, and you may be experiencing complex emotions. You may feel isolated, but you are not alone. This workbook contains resources that may help you take meaningful steps forward and lessen the challenge. The skills within this toolkit will also help young people reduce the frequency and intensity of their emotional upheaval. If today isn't the time for you to use them, they may help you in the coming weeks and months.

Your young person is more than the crisis they are experiencing. While the path ahead may feel uncertain, there is hope. Your role isn't to "fix" everything but to walk alongside them with compassion and belief in their capacity to heal.

With admiration,
The MC3 Team

A note to youth:

It's tough to go through a mental health crisis, and you may be feeling a lot of emotions.

This moment is hard, but it's temporary. There are people here who can help you – you don't have to go through this alone. This workbook contains tools to support you. These tools can offer distraction and strategies to manage the intense emotions you are experiencing. They are one part of the puzzle to help you on your path to wellness. If today isn't the time for you to use them, they may help you in the future.

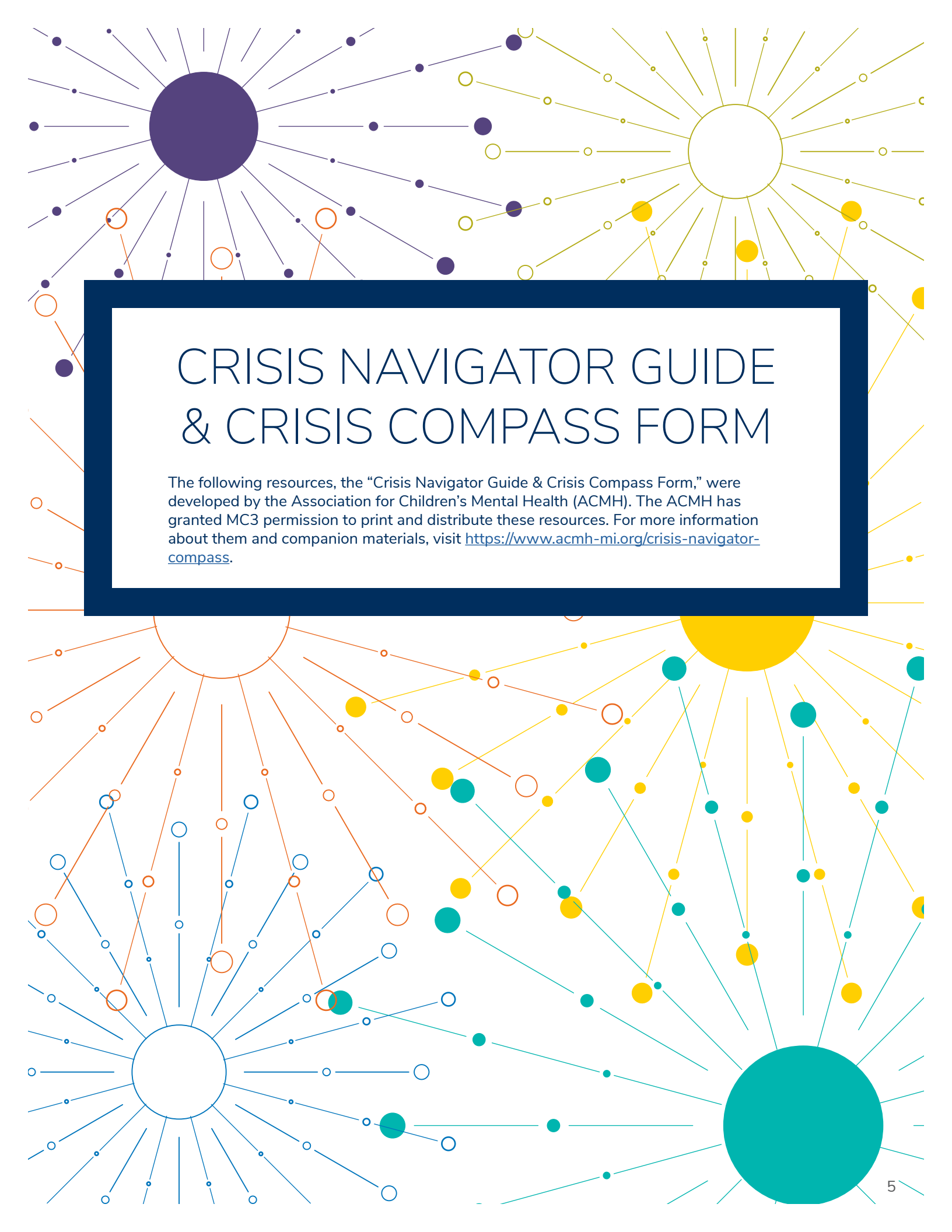
Warmly,
The MC3 Team



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If you are viewing this workbook digitally, you can click on the names of resources on this page to jump straight to that resource.



CRISIS NAVIGATOR GUIDE & CRISIS COMPASS FORM

The following resources, the “Crisis Navigator Guide & Crisis Compass Form,” were developed by the Association for Children’s Mental Health (ACMH). The ACMH has granted MC3 permission to print and distribute these resources. For more information about them and companion materials, visit <https://www.acmh-mi.org/crisis-navigator-compass>.



CRISIS NAVIGATOR & COMPASS

A Parent and Caregiver Resource for Youth Mental Health Crises

What It Is

The **Crisis Navigator** is a guide that helps families understand and prepare for youth mental health crises.

The **Crisis Compass** is the companion form that keeps your youth's essential information in one place.

Why It Matters

- Helps you and your child be better prepared.
- Makes it easier to share information quickly in a crisis.
- Supports safety, recovery and ongoing care.
- Empowers families with practical tools, not just information.



What's Included

- **Crisis Compass (Form)** – organizes your youth's key info, supports and safety needs in one place.
- **Example Compass** – shows an example to guide you as you fill out your own.
- **Crisis Navigator (Guide)** – explains the stages of a youth mental health crisis and how to respond.

Together, they help you recognize, respond and recover with confidence.

Where to Access It

You can find the Crisis Compass (Form) and Example Compass in the following pages of this workbook. To access the ACMH's Crisis Navigator (Guide), scan the QR code on this page or visit <https://www.acmh-mi.org/crisis-navigator-compass/>.

Get the Full Guide and Resources

Scan the QR code to the right to download:

- The complete Crisis Navigator Guide.
- The Crisis Compass Form (fillable and printable).
- Additional tools and resources to support your family.



CRISIS COMPASS FORM – PAGE ONE: YOUTH INFORMATION

The Crisis Compass Form helps ensure your youth gets the right support in a crisis. The next pages show sample forms, with instructional text boxes in **blue on light gray** to guide you and offer examples.

MY CRISIS COMPASS



Youth's First & Last Name:		Nickname (if applicable):
Date of Birth:		Sex and preferred pronouns:
Safety Plan?	Yes or No	If you don't have a Safety Plan (see page 9), we recommend creating one with your clinician and attaching it, along with any other relevant documents.
Safety concerns:	NO FIREARMS IN THIS HOME. Escalates quickly, becomes aggressive and violent. May strike with a fist.	List risks (self-harm, weapons, aggression). Ex: Escalates quickly; no firearms.
Known Triggers:	Perceiving that other people are talking behind their back. Close proximity of others when escalated.	Situations that cause distress. Ex: Loud noises, people too close.
Known Comforts:	Biscuit, our family dog. Talking about Biscuit may help during de-escalation and building rapport.	What helps calm your youth. Ex: talking about the family dog.
Relevant Behavioral/ Developmental/ Medical Needs	Autism Spectrum Disorder, which can make understanding things harder.	List diagnoses or conditions. Ex: Autism Spectrum Disorder
Caregiver Support Needs:	Mom works two jobs and is very stressed. Any help to remain calm is appreciated. Follow-up after crisis would be helpful.	How responders can support you. Ex: mom stressed, follow-up appreciated.

Page 1 of 2

Best Practice Tips

Keep copies (home, wallet, school, providers, a photo in your phone). Update often (every 6 months or after changes). Share widely (teachers, counselors, therapists, caregivers). Plan ahead (ensures quick access in a crisis).

PAGE TWO: CAREGIVER AND MEDICAL INFORMATION

Page two captures key information: caregivers, providers, medications and past crises. This helps first responders quickly see the youth's care team and important history.

MY CRISIS COMPASS

acmh-mi.org | HELP@ACMH-MI.ORG | (888) ACMH-KID

Primary Caregiver Name and Relation:	Back-up Person(s) Name and Relation:
Phone Number(s):	Phone Number(s):
Address:	Address:
Email(s):	Email(s):

Mental Health Provider Name:	Insurance Provider:	Phone:
Phone Number(s):	Subscriber Name:	
Address:	Policy/Group Number:	
Email(s):	Subscriber ID/Member ID:	

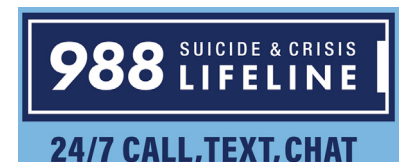
Current Medication	Dose	Frequency	Duration
Risperidone	0.5 mg	once daily	4 months
Aripiprazole	2 mg	once daily	2 weeks

Previous Crisis Interventions and Additional Information:

Psychotic episode at school about 8 months ago and brief hospitalization.
Parents are divorced. Father is not involved and lives in another state.

Past crisis, hospitalizations,
or notes. Ex: episode at
school, brief hospitalization.

Completed by:
Date:



Best Practice Tips

Caregiver and provider contacts. Medications (as prescribed). Past interventions. Additional info (allergies, triggers, supports). Keep updated.

MY CRISIS COMPASS



Youth's First & Last Name:		Nickname (if applicable):	
Date of Birth:		Sex and preferred pronouns:	
Safety Plan?		Yes or No	
Safety concerns:			
Known Triggers:			
Known Comforts:			
Relevant Behavioral/ Developmental/ Medical Needs			
Caregiver Support Needs:			

MY CRISIS COMPASS

acmh-mi.org | HELP@ACMH-MI.ORG | (888) ACMH-KID

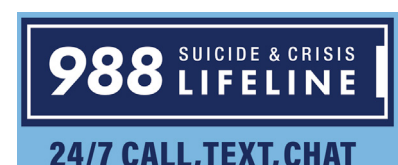
Primary Caregiver Name and Relation:	Back-up Person(s) Name and Relation:
Phone Number(s):	Phone Number(s):
Address:	Address:
Email(s):	Email(s):

Mental Health Provider Name:	Insurance Provider:	Phone:
Phone Number(s):	Subscriber Name:	
Address:	Policy/Group Number:	
Email(s):	Subscriber ID/Member ID:	

Current Medication	Dose	Frequency	Duration

Previous Crisis Interventions and Additional Information:

Completed by:
Date:





SAFETY PLAN



SAFETY PLAN

Tip: Take a photo of this form and keep it saved in your phone so that you can reference it later.

What is a Safety Plan?

A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis.

If you are a parent or caregiver supporting a youth in crisis, we recommend watching a 7-minute video produced by the National Alliance on Mental Illness (NAMI), available on YouTube. Visit YouTube and search “Matters Media Section 8 Safety Plan,” or scan the QR code shown on this page to access this video.



Stanley-Brown Safety Plan

STEP 1: Warning Signs:

1. _____
2. _____
3. _____

STEP 2: Internal Coping Strategies – Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

STEP 3: People and Social Settings that Provide Distraction:

1. Name/Contact: _____
2. Name/Contact: _____
3. Place: _____
4. Place: _____

STEP 4: People whom I can ask for help during a crisis:

1. Name/Contact: _____
2. Name/Contact: _____
3. Name/Contact: _____

STEP 5: Professionals or agencies I can contact during a crisis:

1. Clinic/Agency Name: _____ Phone: _____
Emergency Contact: _____
2. Clinic/Agency Name: _____ Phone: _____
Emergency Contact: _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: Making the Environment Safer (Plan for Lethal Means Safety):

1. _____
2. _____



COPING SKILLS



EMOTIONS

Putting a name to your emotions can be hard. Understanding what an emotion feels like and learning to express it can be helpful. It can also help you communicate your feelings to others when you need support. Let's practice checking-in with yourself and identifying how you're feeling today on the next page. Below you will see some examples of basic emotions.

				
Guilty	Embarrassed	Excited	Lonely	Scared
				
Hurt	Angry	Happy	Heartbroken	Impatient
				
Annoyed	Joyful	Worried	Frustrated	Grateful
				
Loved	Confused	Sad	Bored	Hopeless
				
Calm	Hopeful	Disappointed	Disgusted	Jealous
				
Overwhelmed	Hyper	Unsafe	Sleepy	Defeated



FEELINGS THERMOMETER

How are you feeling today? We can feel multiple feelings at the same time (sometimes referred to as “mixed emotions”) so you can choose your top three feelings from the previous page.

Feeling 1: _____

Feeling 2: _____

Feeling 3: _____

We experience a range in the strength of our emotions. It can be helpful to rate the intensity of your feelings on a scale of 1-10, 10 being the strongest you’ve ever felt an emotion and 1 being the faintest you’ve ever felt an emotion.

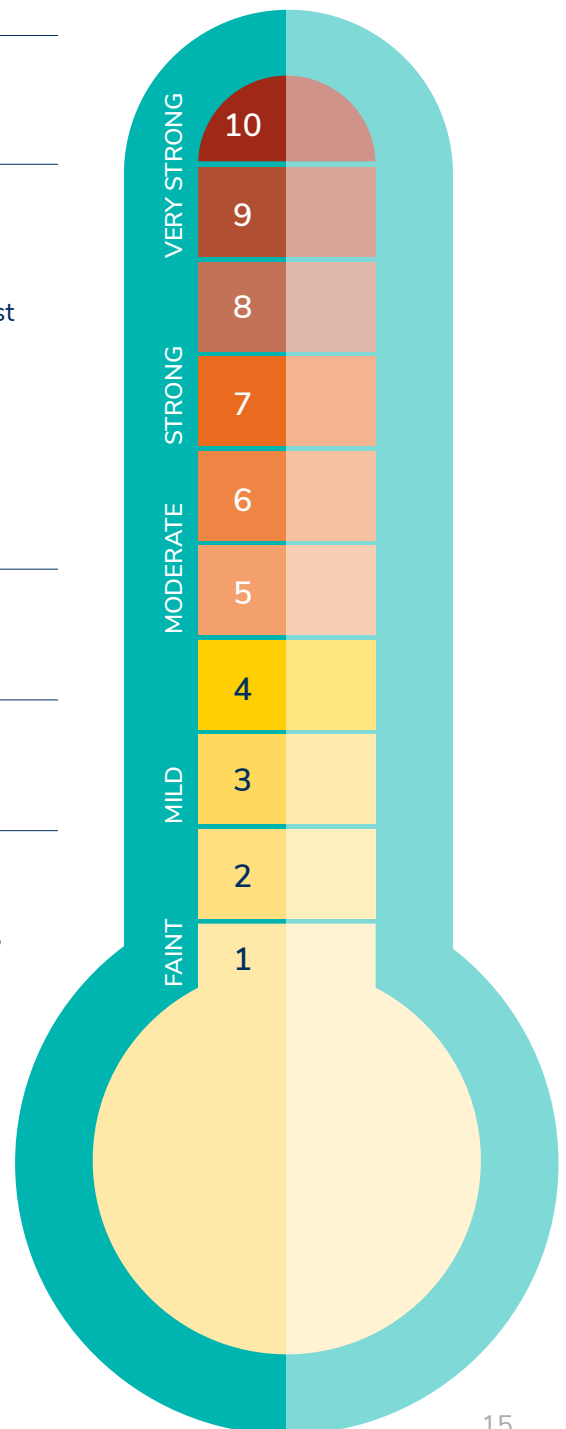
For each feeling you identified above, rate the strength on a scale of 1-10.

Feeling 1 strength: _____

Feeling 2 strength: _____

Feeling 3 strength: _____

What do you think may be contributing to the intensity of these emotions?





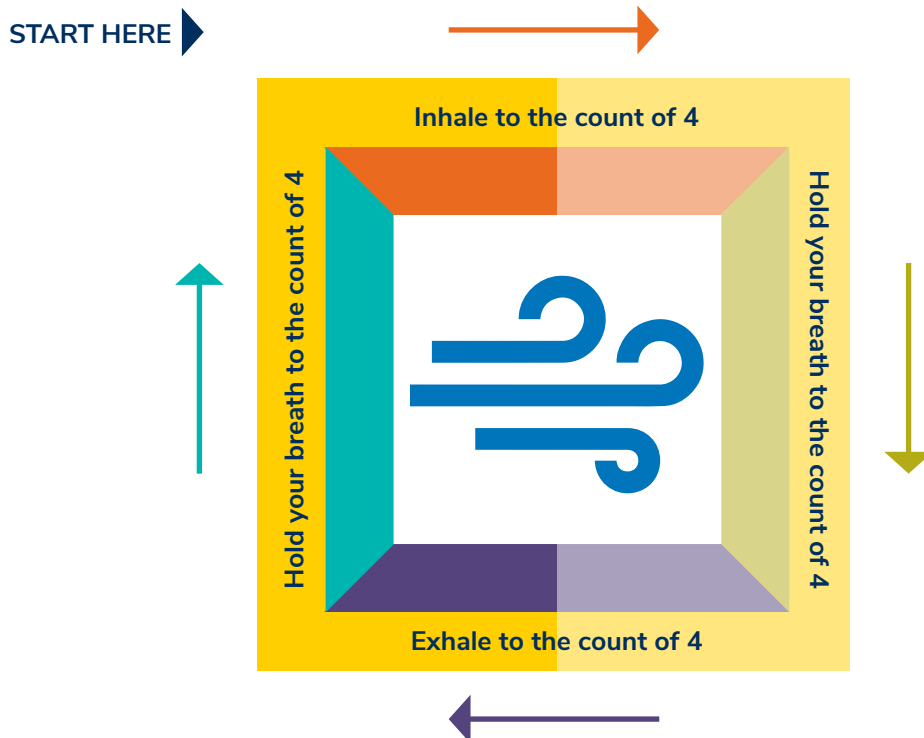
SQUARE BREATHING

Square breathing is a coping skill that is used to help slow your breathing and ease anxiety. By being able to slow your breath, you are also able to relax your body.

All of the sides of a square are an equal length. We match this shape in square breathing by inhaling, exhaling, and holding our breath for equal amounts of time.

For this example, the length of the breath will be 4 seconds. You can change the number of seconds to best fit your needs. If 4 seconds is too long to hold your breath, begin with 3 seconds. If 4 seconds becomes easy, challenge yourself with a longer length of time such as 5 or 6 seconds.

Instructions: Begin by inhaling in for 4 seconds. Next, hold your breath for 4 seconds. Next, exhale for 4 seconds. Finish the square by holding your breath for another 4 seconds.



Helpful tips:

- Repeat square breathing 3-4 times in a row in order for it to be more effective.
- When inhaling, breathe in through your nose.
- When exhaling, breathe out through your mouth.
- Practice this skill when relaxed. This makes it easier to use when under pressure or stress.



THE 4 Bs (BRAKE, BREATHE, BRAIN, BODY)

The 4Bs is a coping skill to quickly calm your mind and body.

BRAKE



Stop. Clasp or press your hands firmly together for 3-5 seconds. Release, then repeat 3 times.

This can help us be safe and calm. We remember to not hurt ourselves or others.

BREATHE



Place hands on your stomach and take 3-5 deep breaths. As you take deep breaths, feel your stomach filling and emptying with air.

Taking slow and deep breaths helps to calm our body.

BRAIN



Using your hands, gently squeeze the sides of your head 10 times.

This will create a grounding sensation.

BODY



Cross your arms and gently give yourself a hug. Apply deep pressure to your arms and shoulders.

Doing this creates a soothing sensation in your body.



GROUNDING

Perhaps you feel tense, anxious, and your thoughts are racing.

It could be helpful to pause and focus on your surroundings and the present moment.

Grounding, also known as **5-4-3-2-1** is a quick mindfulness technique to help calm yourself, slow your thoughts, and engage your 5 senses.



Name 5 things that you can see. Make sure to look all around.



Name 4 things you can touch. If sitting, what does the chair feel like? How does the floor feel against your feet?



Name 3 things you can hear. If outside, are there animals making sounds? If inside, perhaps you hear a fan or other people talking.



Name 2 things you can smell. Is a favorite scent of yours present in your current surroundings?



Name 1 thing you can taste. Consider using a mint or chewing a piece of gum.



3 Ds (DELAY, DISTRACT, DECIDE)

The “3 Ds” can be helpful when you are feeling overwhelmed. When you have big emotions and thoughts — such as when you want to harm yourself, yell at your family for not listening to you, or get so upset that you want to block all your friends on social media — the 3 Ds can be a useful tool. Sometimes we do things without thinking it through, and this skill can help create some space between powerful emotions and negative behaviors.

DELAY



Take a pause before reacting or responding to your negative emotions. Try to think before doing something harmful. Decide how many minutes you want to delay for. Try 5, 10, or 15 minutes. This bad feeling will pass! Negative emotions are temporary.

I will delay for ____ minute(s).

DISTRACT



Engage in activities you enjoy doing to shift your focus away from negative thoughts or feelings. Redirect your attention to something positive and enjoyable. This can be anything, such as listening to music, exercising, reading, drawing, talking to a friend or family member, or playing with your pet! List 3 activities you can do to distract yourself:

1) _____

2) _____

3) _____

DECIDE



Make a plan based on your options and the potential outcomes.

Advantages of not engaging in the harmful behavior:

Disadvantages if you give into the harmful behavior:

Your reasons for stopping or minimizing the behavior:

Do your choices align with your treatment and life goals?



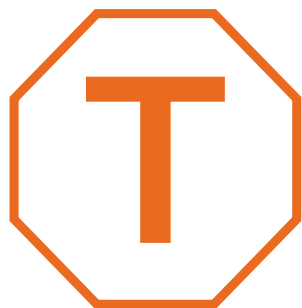
STOP

STOP is a coping skill that can be used in a situation where your emotions are overwhelming, and you do not want to react in an impulsive way. STOP is an acronym used to remember the following steps:



Stop.

- Pause what you are doing and wait before starting anything else. Be in the present moment. Do not allow your emotions to cause you to act without thinking.



Take a breath, then take a step back.

- Use a breathing technique to slow your breathing and calm down. Try taking a few deep breaths, or try using Square Breathing.
- Then zoom out to see the bigger picture. Our own perspective is influenced by our feelings, but our feelings are NOT facts.
- Try asking yourself the following questions: How important is this situation to me? Does this situation involve other people and if so, what may they be thinking? How might my actions affect others? What advice would you give to a friend in the same situation?



Observe.

- Practice mindfulness. Notice how you are feeling both inside and out. What thoughts are you having? How does your body feel? Where is your focus? Notice these things without judgment.



Proceed Mindfully.

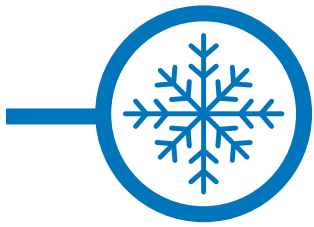
- Move forward by taking actions that will support your long-term goals. Choose actions that will improve the situation. Remove yourself from a situation if it is hurting you. Practice using a healthy coping skill to improve your mood.



TIPP

TIPP is a coping skill that is used to “tip” your body chemistry in order to cope during a crisis. When experiencing extreme emotions, this skill can quickly calm the body and mind.

Important note: The “Intense Exercise” coping skill should not be used by individuals whose physical health may not allow for intense exercise, or if they have an eating disorder. For these individuals, intense exercise can be replaced by an intense and focused activity that is not physically demanding.



Temperature:

Use extreme temperatures to calm and distract yourself from a stressful situation.

- Try holding your face in a bowl or sink of cold water for 30 seconds.
- If you do not have access to a bowl of cold water, hold an ice pack to your face while holding your breath for 30 seconds.
- If you would like to be more discreet, an ice cube can be squeezed in the hand until it melts.



Intense Exercise:

Complete a session of intense exercise in order to get rid of the pent-up energy that may be contributing to feeling overwhelmed.

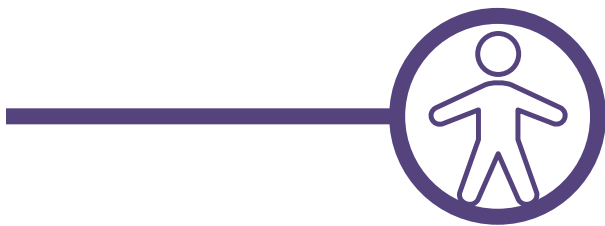
- Here are some ideas for intense exercise: running, walking quickly, lifting weights, push-ups, crunches, jumping jacks, wall sits, riding a bike, swimming, playing basketball, kicking a soccer ball.



Paced Breathing:

Relax yourself by counting your breaths.

- Inhale through your nose, and exhale through your mouth. Breathe out for longer periods of time than you breathe in. For example: inhale for 4 seconds, exhale for 6 seconds.



Progressive Muscle Relaxation:

Starting at either the top or bottom of your body, squeeze or tense each muscle group, hold, then release. This activity encourages relaxation of the body.

- Work your way through all major muscle groups of the body including your feet, calves, thighs, glutes, abdominals, hands, arms, shoulders, neck, and face. Feel the tension leaving your body.

This skill is flexible. All of the steps can be completed together or independently, and you can use it anywhere.



RIDE THE WAVE

Ride the Wave is a helpful coping skill that teaches us to accept and manage our emotions. By noticing our feelings, staying present, and treating ourselves with kindness, we can learn to navigate through life's challenges in a healthier way.

Sometimes our feelings — like sadness, anger, or fear — can feel really big, like a huge wave in the ocean. When in the middle of it, it can seem like the feeling will never end. But just like waves, emotions rise, reach their highest point, and then come back down. This is called “riding the wave.” Even if the emotion feels scary or too strong right now, it won't last forever. If you can hang on and ride it out, like a surfer on a big wave, you'll start to feel calmer again. You are not alone, and you can get through these waves of feelings one at a time.

1. **Notice your emotions:** The first step is to pay attention to what you're feeling. Whether it's anger, sadness, or anxiety, take a moment to acknowledge and recognize your emotions without judging them.
2. **Imagine a wave:** Picture yourself as a surfer riding a wave in the ocean. Just like waves, emotions come and go. They build up, reach a peak, and then eventually calm down.
3. **Stay present:** Instead of avoiding your emotions, allow yourself to feel them. Remember, a wide range of emotions are a normal part of being human and feelings can offer good information.
4. **Don't judge yourself:** It's important to be kind to yourself and not to judge your emotions as good or bad.
5. **Practice self-care:** Engage in activities that bring you comfort and relaxation, such as listening to music, talking to a friend, or doing something you enjoy.
6. **Learn from the experience:** After the emotion passes, reflect on what you learned from the experience. What triggered your emotions, and how did you cope with them? Understanding these patterns can help you respond better in the future. Remember: Treat yourself with kindness and compassion.

notice your emotions

imagine a wave

stay present

don't judge yourself

practice self-care

learn from the experience





I-STATEMENTS

I-Statements are a healthy way to talk about your feelings and needs without blaming others. The general structure of an I-Statement is: **"I feel (emotion), because (situation/explanation)."**

- Common emotion words include angry, frustrated, sad, upset, disrespected, and anxious.
- Avoid blaming the person you are talking to. Keep a neutral tone.
- In the situation/explanation section, explain how that person's behavior is affecting you.

When you're talking to others and have a strong negative emotion, it's easy to make statements like, "You hate me," or "You never listen to me!" Let's look at these two statements as examples.

Blaming Message – avoid this

When someone doesn't respond to your text, you send another text angrily and say, **"You must hate me!"**

I-Statements

"I feel hurt when you don't respond to my texts, because it makes me feel like I'm not important to you."

Your parent keeps forgetting something important you've shared, so you yell, **"You never listen to me!"**

"I feel angry when you ask me the same questions over and over, because it makes me feel ignored."

Can you change the following blaming messages into effective I-Statements?

You always get mad at me when you hear about my problems.

I-Statement:

You never ask me to hang out.

I-Statement:

If you feel like you've mastered this skill, try to create an I-Statement without using the word "you" at all.



LIFE WORTH LIVING

Sometimes it can feel like there is no point in doing anything and life is not worth living. It may feel hard to imagine living and feeling differently than you do right now. You may feel stuck and confused on how to move forward; change takes time.

If you were thinking about building something important, like a house, it would take time. A house, like your life, is built over time, with a design that you may want to change along the way. It is built step by step, piece by piece, brick by brick. The first step toward change involves thinking about a life that could be meaningful.

Even though you don't always have control over all of the things in your life, it may be helpful to think about the things you do have control over or can choose to do.

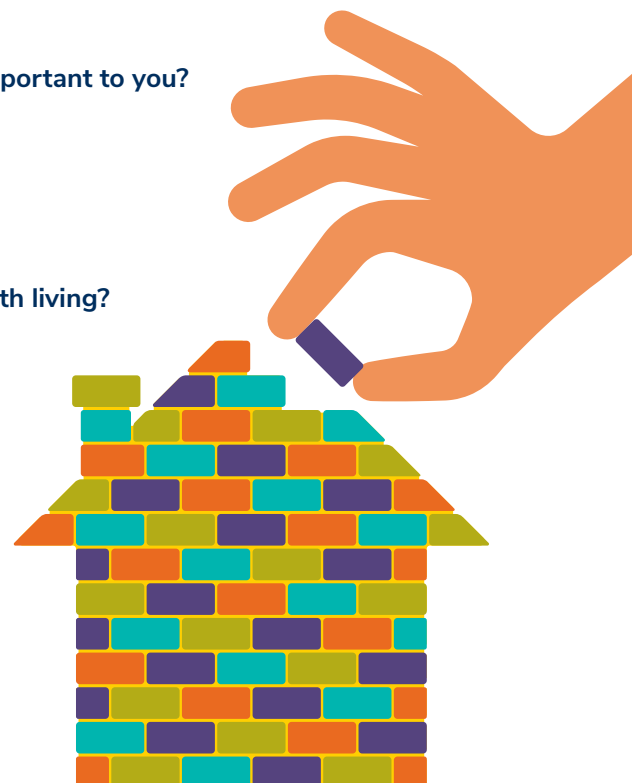
What things are currently worth living for? (Examples: pets, family, friends, driver's license, job.)

What matters most to you in life? What are you passionate about?

How do you remember these things that are important to you?

What gets in the way of paying attention to the things that are important to you?

What changes could you make in order to start building a life worth living?





SELF COMPASSION

"I'll never pass my classes." "No one understands how depressed I feel." "I shouldn't feel upset right now".

These are statements we may tell ourselves when things aren't going well. We become critical and speak negatively. When this happens, we may forget things we do well and the things that people like about us.

Learning to like ourselves, recognizing that others may share similar experiences to us, and acknowledging times of stress are all elements of **self-compassion**.

The three components of self-compassion:



Turning Self-Judgment into Self-Kindness — Kindness and acceptance of yourself, who you are, and the strengths that you have. Avoid judging yourself based on what you think you should be.

For example, "I'll never pass my classes" could be reframed as "I got a B in a really difficult class."



Moving from Isolation to Common Humanity — Although everyone has a unique path, many of us have similar life experiences. You are not alone. It's OK to ask for help.

For example, "No one understands how depressed I feel," could be reframed as, "I wonder if my parent ever felt this way as a teenager?"



Guilt to Mindfulness — When bad things happen it's OK to identify the strong emotion you are feeling. Once the emotion is identified, sit with that feeling, and decide your next step.

For example, "I shouldn't feel upset right now," could be reframed as, "I'm upset because I didn't do as well on the exam as I wanted to. It's OK to feel this way. I'm going to talk to the teacher about other study habits I could try."

Let's Practice:

Think of situations in which you tend to be hard on yourself and reflect on the three components of self-compassion.

What is a self-kindness statement you could use?

When was a time where others may have experienced something similar?

What strong emotion did you feel? What could you do to move forward?



GRATITUDE

Gratitude is the practice of showing appreciation and kindness toward yourself and others. Expressing gratitude toward yourself or another person can positively impact your mood and broaden your perspective.

Gratitude can be expressed through the words you say, and through the actions you take.

Ideas on how to express gratitude:

- Thank someone for helping you, or thank them for their kindness.
- Give someone encouragement.
- Write a list of things that you like about yourself or a friend.
- Complete a random act of kindness.
- Write a list of your accomplishments.
- If you are not quite comfortable enough to speak directly to another person, you can write your gratitude down and give it to them in the form of a note or letter.

Activity: In each of the following categories, identify 3-5 things that you are grateful for.

Friends and Family

Examples: Parents, siblings, classmates, childhood friends



Things I May Take For Granted

Examples: Having a roof to sleep under, air conditioning, clothes to wear



Activities

Examples: Arts and crafts, sports, spending time with your loved ones, playing with your pets



Health and body

Examples: Being able to see, hear, run, walk, the color of your eyes, your smile





ACTIVITIES



MENTAL HEALTH AND WELL-BEING WORD SEARCH

Instructions:

Find all the words related to mental health and well-being listed below. Words may appear horizontally, vertically, or diagonally.



Word List

(Circle or highlight each word as you find it!)

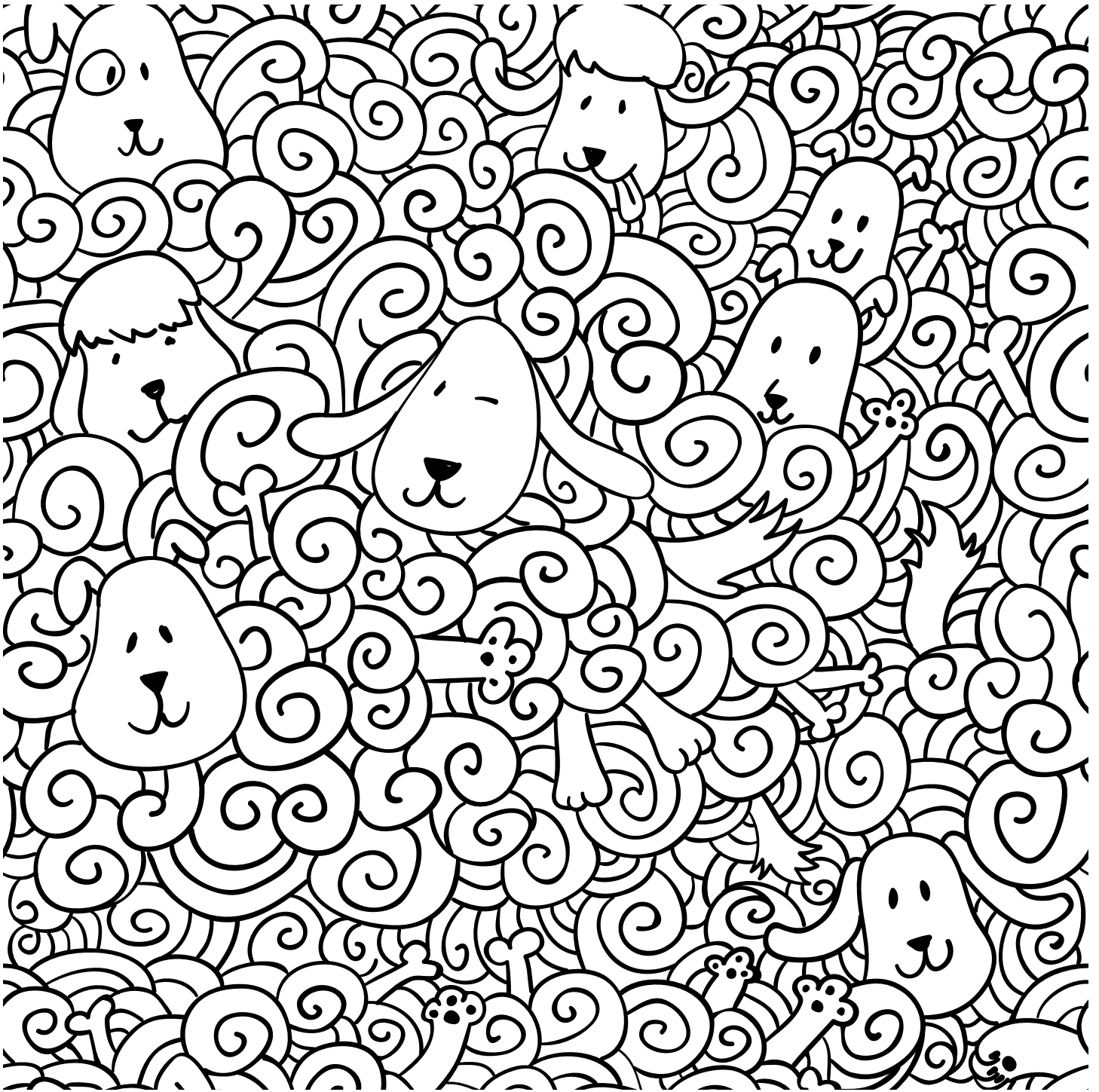
SUPPORT
FRIEND
SAFE
TALK
KINDNESS

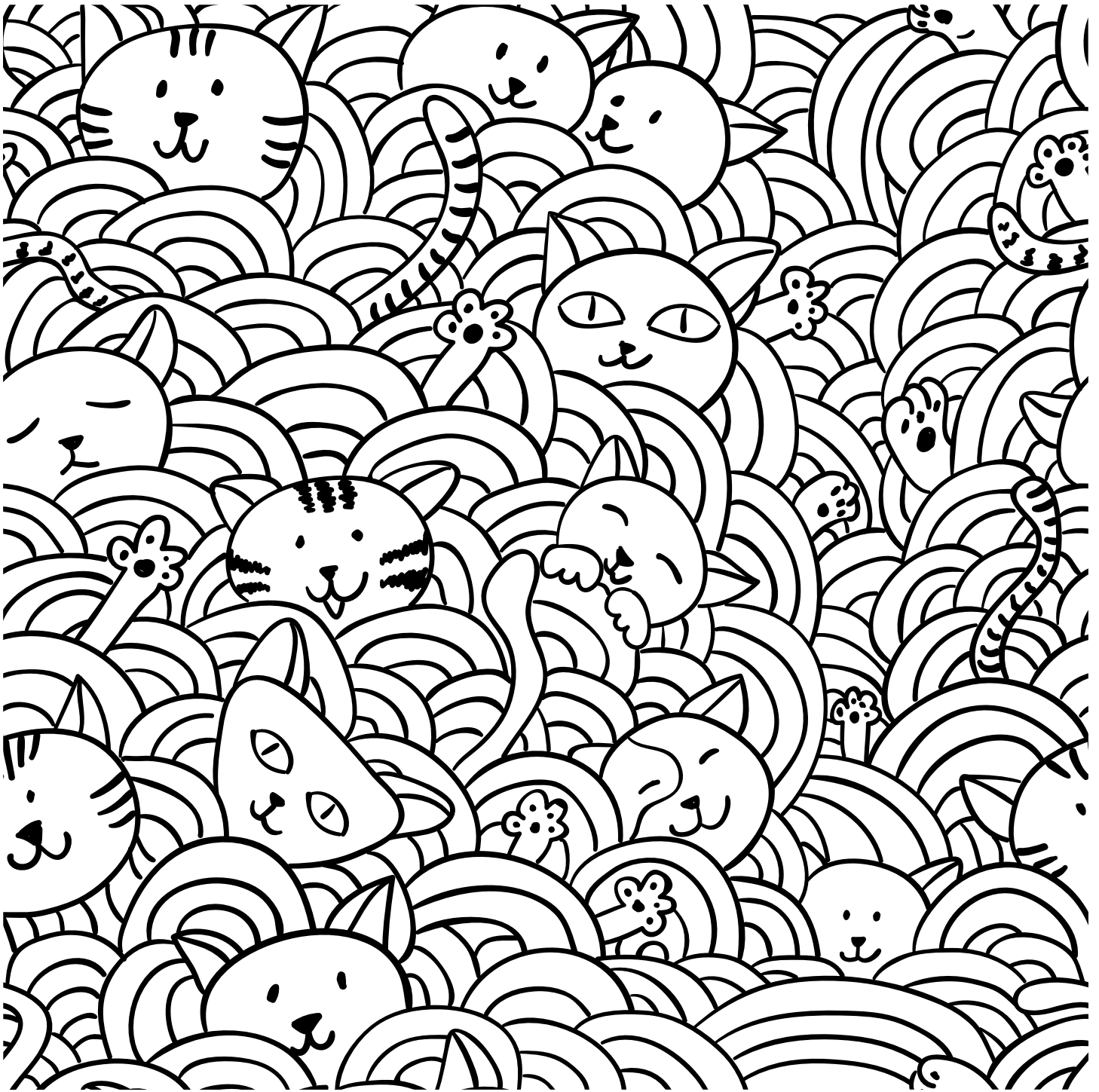
HOPE
TRUST
HELP
CALM
LISTEN

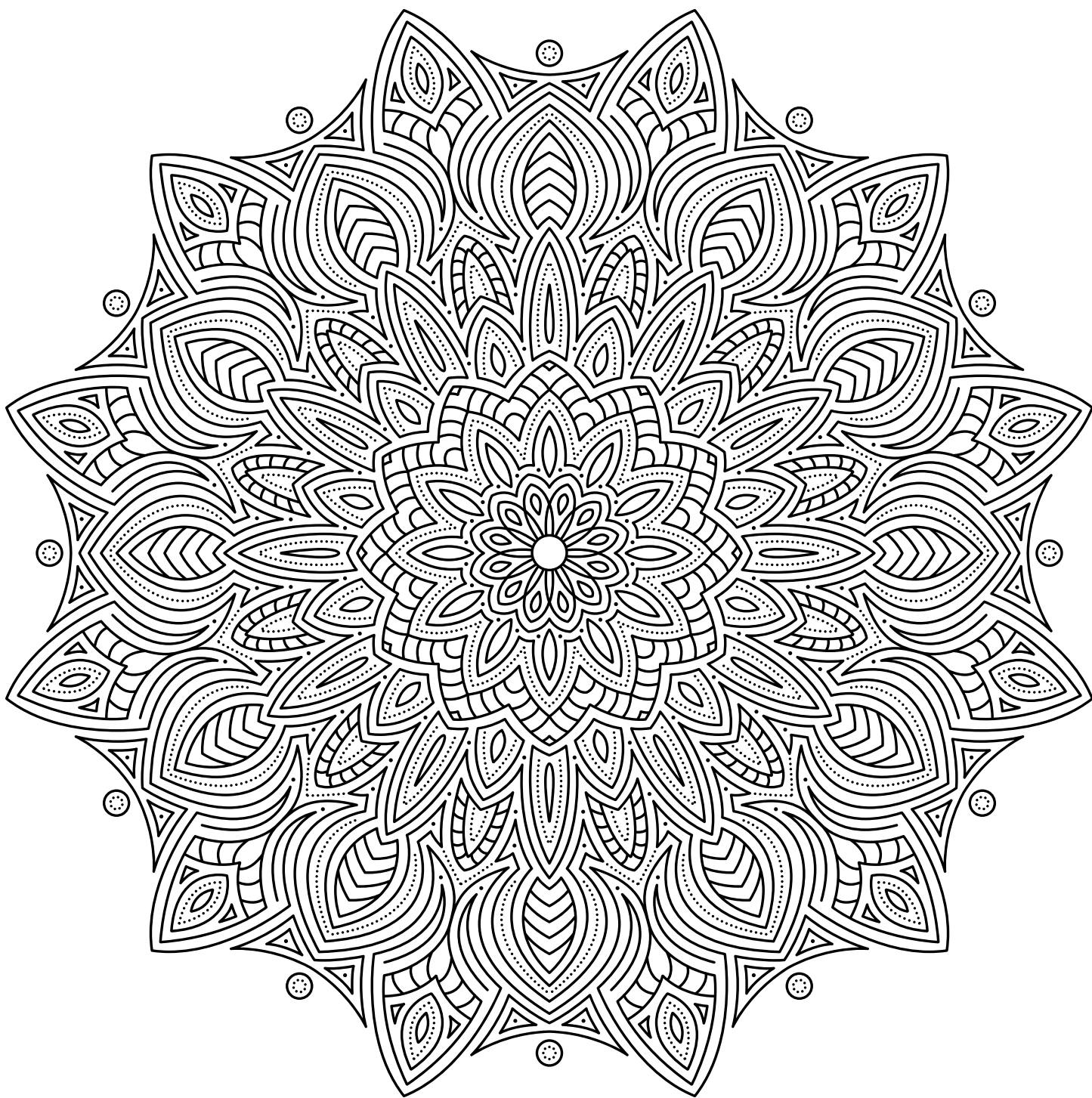
BREATHE
STRONG
UNDERSTAND
PEACE
FAMILY

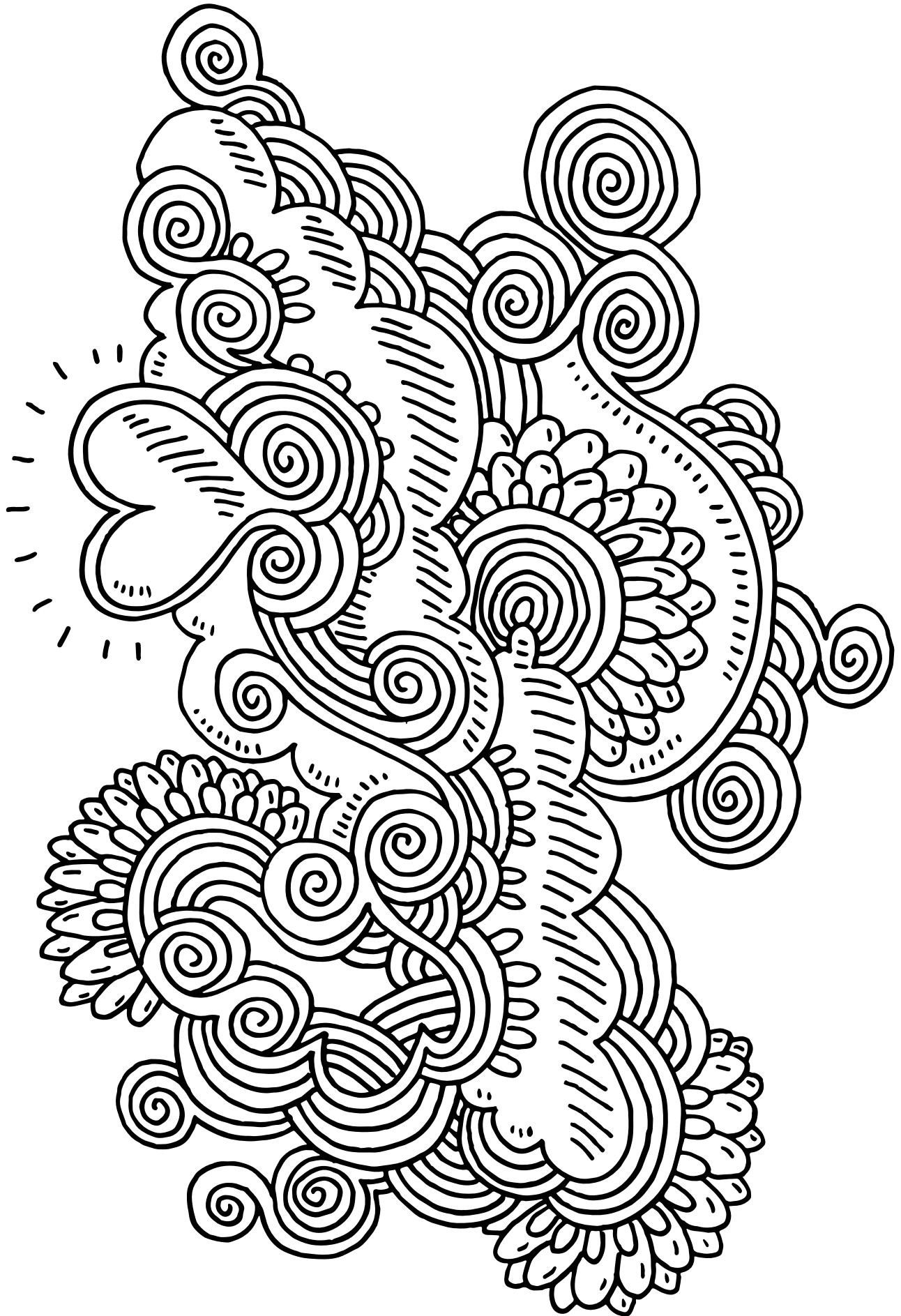
BELIEVE
CARE
RELAX
COURAGE
RESPECT

COLORING PAGES













34



35

Are you or a loved one...

- struggling or in distress?
- experiencing a mental health crisis?
- thinking about suicide?

Scan this QR code:



There is hope.

Call or text 988

from any phone for immediate help.

Save the **988 Suicide & Crisis Lifeline** and other **mental health info** as a contact in your phone.

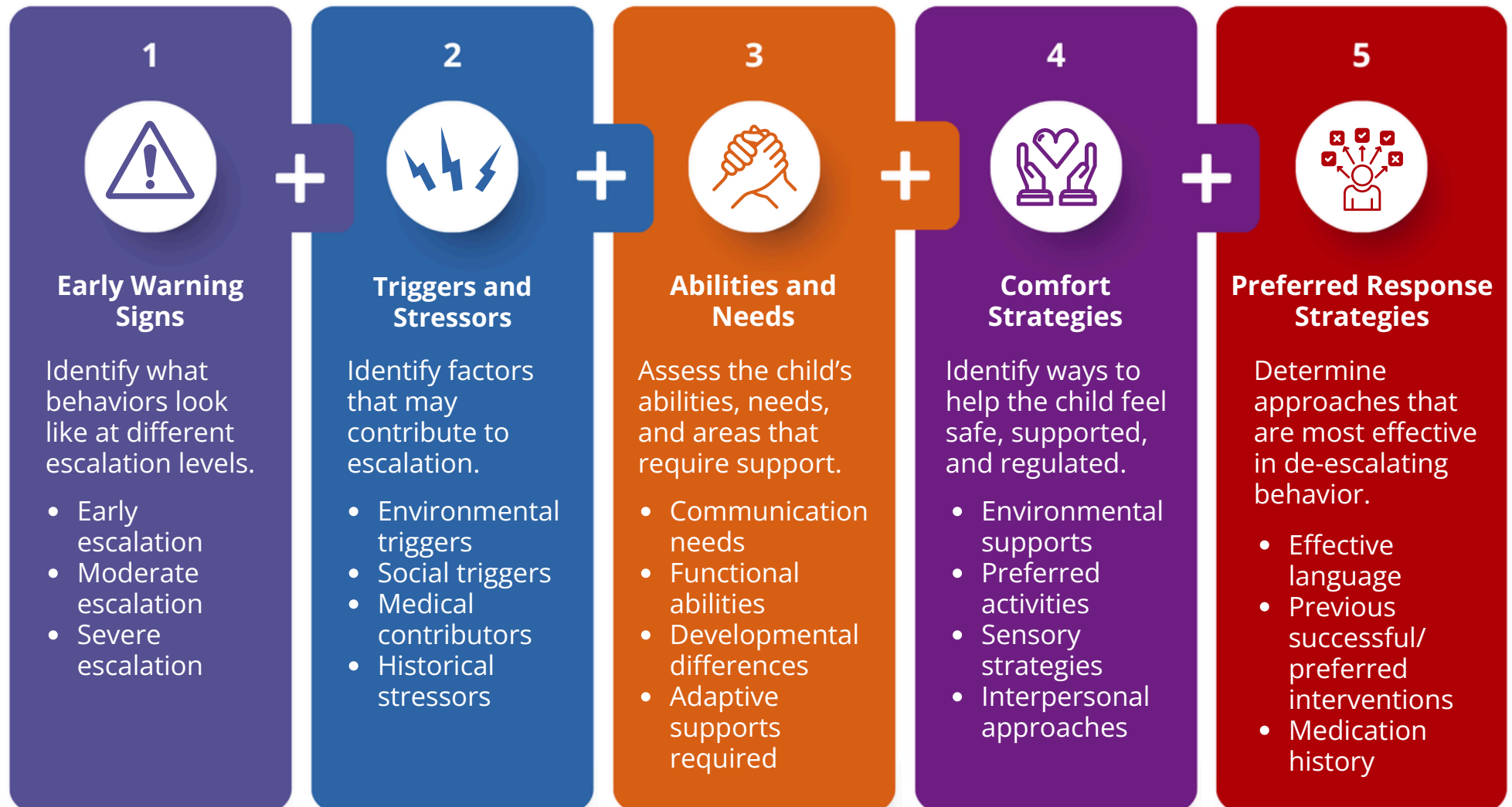
michmed.org/lifeline



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Use this framework to build a collaborative, individualized patient plan that supports regulation, builds trust, and guides effective care responses.

Review and update your plan regularly with the child, family, and care team.



✧ My Daily Schedule ✧

:	AM	Wake up 	Notes:
:	AM	Morning routine 	Notes:
:	AM		Notes:
:	AM		Notes:
:	PM		Notes:
:	PM		Notes:
:	PM		Notes:
:	PM		Notes:
:	PM	Bedtime routine 	Notes:
:	PM	Sleep 	Notes:

Additional activities may include: meal time, snacks, tidy room, physical activity, spend time with others, or any routine that anchors the patient

Consider ways you can modify the care environment to **enhance safety, function, and comfort** for patients as well as providers.



Reduce sensory overload

- Lower noise levels
- Close doors when appropriate
- Reduce unnecessary alarms
- Provide white noise, music, or headphones



Maintain routine & structure

- Support sleep-wake regulation
- Provide predictable and visual schedules
- Offer structured activities
- Use routine-based communication



Support function & communication

As needed, provide:

- Glasses
- Hearing aids
- Communication devices
- Mobility supports



Maintain safety in the environment

Consider removing:

- Throwing hazards
- Sharp objects
- Unsafe equipment
- Potential weapons during escalation

Consider how the following Core Principles of Safe Pharmacologic Care are currently applied in your setting and where there may be opportunities to **enhance safety, consistency, and patient-centered care.**

Treat the cause.

Choose medications based on the underlying cause of behavioral dysregulation, not simply applying a cookie-cutter approach or providing a medication based solely on the exhibited behavior or its severity.

Start with one medication that most effectively addresses the suspected etiology influencing behavioral dysregulation.

Using one well-chosen medication at an effective dose often provides better outcomes and fewer complications than combining multiple medications or using a series of medications in succession.

Use doses appropriate for the age and weight, while minimizing excess dosing that can cause side effects.

Children are more sensitive to medication effects. Use the lowest effective dose and monitor carefully.

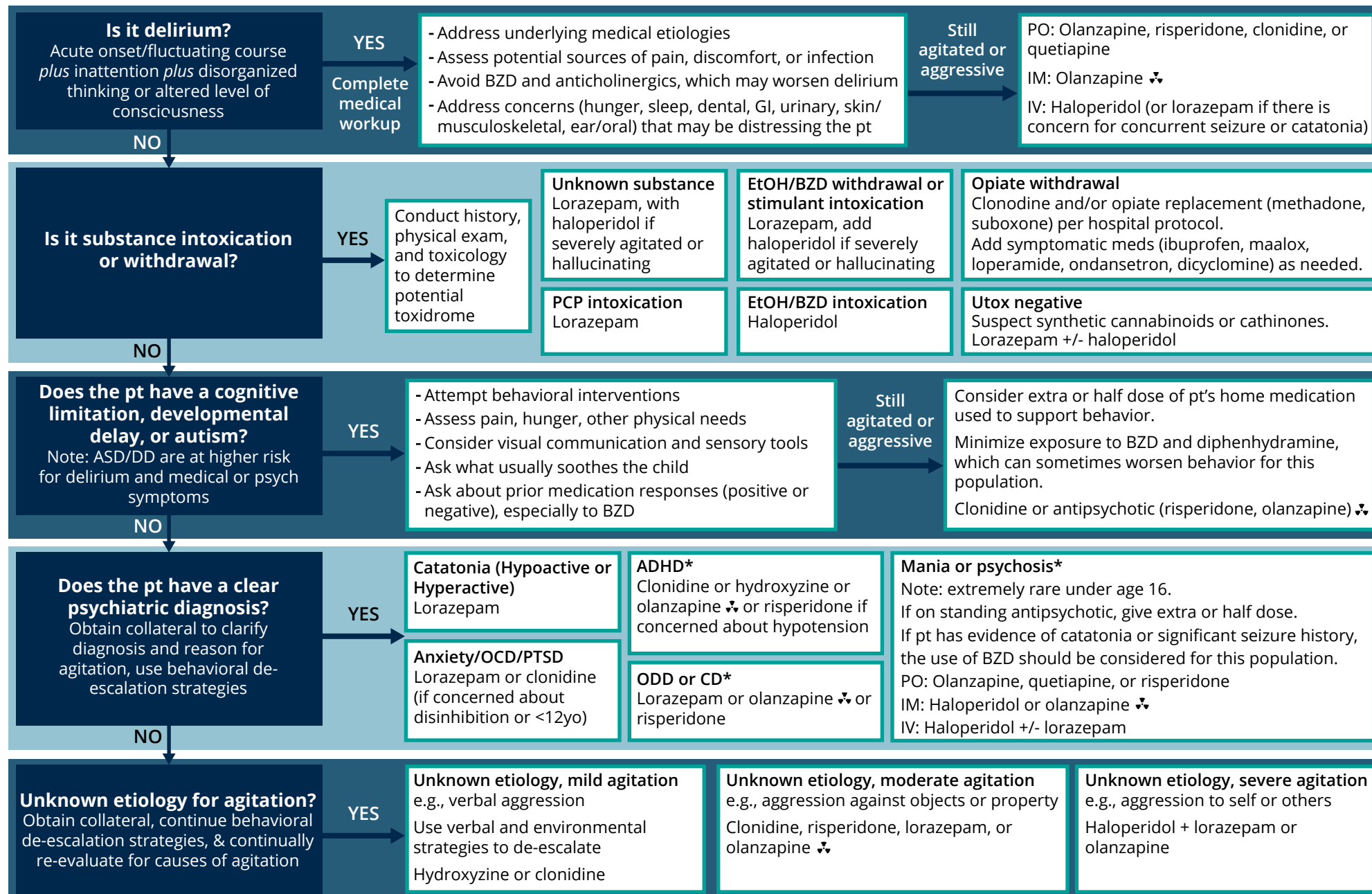
Non-pharmacologic interventions still matter.

Medication should complement — not replace — communication, environmental modification, and supportive caregiver involvement, which should continue even after medication is introduced.

Reassess frequently.

If treatment isn't working, reconsider the diagnosis, dose, or contributing factors before adding medications.

Pediatric Psychopharmacology Clinical Decision Flowchart for Acute Behavioral Escalation Management



Note: Use intramuscular (IM) route only when patient cannot or will not take PO, IV access is not available, and the severity/acuity of behavior warrants rapid action.

* For these etiologies, in absence of consensus, medication options are listed alphabetically.

⚡ Do not give olanzapine and benzodiazepines within one hour of each other.

PO = by mouth; IM = intramuscular; IV = intravenous; NGT = nasogastric tube; EtOH = ethanol; Utox = urine toxicology; PCP = phencyclidine; EPS = extra pyramidal symptoms; ASD = autism spectrum disorder; DD = developmental disability; BZD = benzodiazepines; ODD = oppositional defiant disorder; PTSD = post traumatic stress disorder; ADHD = attention-deficit/hyperactivity disorder; ODD = oppositional defiant disorder; CD = conduct disorder; pt = patient.

This resource has been adapted from the following source: Gerson, R., Malas, N., Feuer, V., Silver, G. H., Prasad, R., & Mroczkowski, M. M. (2019). Best Practices for Evaluation and Treatment of Agitated Children and Adolescents (BETA) in the Emergency Department: Consensus Statement of the American Association for Emergency Psychiatry. The western journal of emergency medicine, 20(2), 409–418. <https://doi.org/10.5811/westjem.2019.1.41344>

Emergency & Crisis Services Consultation

Pediatric Psychopharmacology Reference Card



This resource is for educational purposes only to support providers' clinical decision making and does not constitute medical advice or establish a standard of care.

Medication	Dose	Peak effect	Max daily dose	Half-life	Notes/monitoring
Hydroxyzine (Atarax) Antihistamine	PO: 10-50 mg 1 mg/kg/dose	PO: 30-60 min	Child: 50-75 mg Adolescent: 100-150 mg	+	Can be combined with antipsychotics. Can be sedating and rarely can cause worsening of behavior.
Lorazepam (Ativan) Benzodiazepine	PO/IV/NGT: 0.5-2 mg 0.05 mg-0.1 mg/kg/dose (up to 2 mg max dose in most patients)	PO: 1-2 hours IV: 10 min	Child: 4 mg Adolescent: 6-8 mg Depending on weight/ prior medication exposure	++	Can cause disinhibition or delirium, particularly in younger youth or youth with developmental delay. Can be given with haloperidol or risperidone. Do not give with olanzapine (especially intramuscular due to risk of respiratory suppression).
Clonidine (Catapres) Alpha-2 agonist	PO: 0.05-0.1 mg	PO: 30-60 min	27-40.5 kg: 0.2 mg/day 40.5-45 kg: 0.3 mg/day >45 kg: 0.4 mg/day	+	Can cause significant sedation and can lower heart rate and blood pressure. Monitor for hypotension and bradycardia. Avoid giving with BZD or atypicals due to hypotension risk.
Haloperidol (Haldol) Antipsychotic	PO: 0.5-5 mg 0.5 mg/kg/dose (up to 5 mg max dose)	PO: 2 hours	15-40 kg: 6 mg >40 kg: 10 mg Depending on prior antipsychotic exposure	+++	Monitor for hypotension. Can be sedating. Consider EKG or cardiac monitoring for QT prolongation, especially for IV administration. Note EPS risk with MDD >3 mg/day, with IV dosing having very high EPS risk. Consider AIMS testing to assess for EPS.
Olanzapine (Zyprexa) Antipsychotic	PO/ODT: 2.5-10 mg	PO: typically 30 min, but peak effect can take 1-8 hours	10-20 mg Depending on prior antipsychotic exposure	+++	Do not give IM olanzapine within 1 hour of IV/IM BZD given risk for respiratory suppression. Can be sedating.
Risperidone (Risperdal) Antipsychotic	PO/ODT: 0.25-1 mg 0.005-0.01 mg/kg/dose	PO: 1 hour	Child: 1-2 mg Adolescent: 2-4 mg Depending on prior antipsychotic exposure	++	Can cause akathisia (restlessness/agitation) other forms of EPS, particularly at higher doses. Can be sedating and cause hypotension.
Quetiapine (Seroquel) Antipsychotic	PO: 25-50 mg 1-1.5 mg/kg/dose (or divided)	PO: 30 min - 2 hours	>10 years: 600 mg Depending on prior antipsychotic exposure	+++	More sedating at lower doses. Monitor for hypotension.

Note: Use intramuscular route only when patient cannot or will not take PO, IV access is not available, and the severity/acuity of behavior warrants rapid action.

PO = by mouth; **IV** = intravenous; **NGT** = nasogastric tube; **mg** = milligram; **EPS** = extrapyramidal symptoms; **DD** = developmental disability; **mg/kg** = milligrams per kilogram; **BZD** = benzodiazepines; **EKG** = electrocardiogram; **AIMS** = Abnormal Involuntary Movement Scale; **MDD** = major depressive disorder; **ODT** = orally dissolving tablet

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