

Here is the complete, ready-to-print text and layout for both Section 6 worksheets. You can copy and paste this content directly into Google Docs, Word, or Canva, and export it as a PDF.

WORKSHEET 6.1: De-escalation & Safety Plan Blueprint

Course: Beyond Stabilization — Strategic Caregiving & Self-Advocacy in SMI **Section 6:** Actionable Tools & Community Integration **Name:** _____ **Date:** _____
Role: ☐ Individual Living with SMI ☐ Family Caregiver ☐ Advocate / Provider

Purpose

Crises are rarely sudden explosions; they move through predictable stages. Use this blueprint to map out early warning indicators, establish "if-then" action triggers, set up safe zones, and list emergency options before a crisis occurs.

Part 1: Stage Mapping & "If-Then" Triggers

Stage 1: The Pressure Cooker (Baseline Shift)

- *What subtle changes signal rising stress? (e.g., Disrupted sleep, skipping meals, sensory sensitivity, social withdrawal)*
- **IF** I/my loved one display these early signs for _____ consecutive days, **THEN** we will initiate this early action: *(e.g., Activate quiet hours, contact clinic, pause non-essential tasks)*

Stage 2: The Trigger (Heightened Distress)

- *What specific environment or confrontation accelerates distress?*
- **IF** a trigger occurs and agitation rises, **THEN** the designated de-escalation response is: *(e.g., Lower voice tempo, offer water, reduce room noise)*

Part 2: Safe Zone & De-escalation Environment

- **Designated In-Home Safe Zone:** *(A quiet room/space with low stimulation)*
- **Grounding Strategies to Offer:** *(Check all that apply)* ☐ Cold water / ice pack ☐ Dimming lights / turning off TV ☐ Stepping outside for fresh air ☐ Quiet space with zero questioning or debate

Part 3: Emergency Contacts & Crisis Protocol

Resource / Role	Name / Organization	Direct Phone Number
Mobile Crisis Team <i>(Preferred)</i>		
Trusted Peer / Advocate		

Resource / Role	Name / Organization	Direct Phone Number
Preferred Care Facility / Clinic		
Psychiatrist / Therapist		

- **Crisis Directive:** *"If de-escalation fails and safety requires external intervention, we agree to contact Mobile Crisis before calling traditional emergency response whenever possible."*

WORKSHEET 6.2: Concentric Circles Support Map

Course: Beyond Stabilization — Strategic Caregiving & Self-Advocacy in SMI **Section 6:** Actionable Tools & Community Integration **Name:** _____ **Date:** _____
Role: ☐ Primary Caregiver ☐ Individual Living with SMI ☐ Family Ally

Purpose

Caregiving and recovery cannot happen in isolation. Trying to manage everything alone leads to burnout. Use this map to organize your support network into clear, functional roles and break the cycle of social isolation.

Part 1: Mapping the Support Circles

OUTER CIRCLE: Professional & Community		
MIDDLE CIRCLE: Errand Runners		
INNER CIRCLE: Core Helpers		

1. Inner Circle: Core Helpers (2–3 People)

Key advocates who manage daily planning, appointments, or crisis response.

- Name: _____ Role/Contact: _____
- Name: _____ Role/Contact: _____

2. Middle Circle: Errand Runners & Practical Allies

Friends, neighbors, or relatives who help with meals, transportation, or logistics.

- Name: _____ Specific Task: _____
- Name: _____ Specific Task: _____

3. Outer Circle: Professional & Community Resources

Clinicians, peer support groups, advocacy networks, and community centers.

- Organization/Group: _____ Contact: _____
- Organization/Group: _____ Contact: _____

Part 2: Structured Family Check-In Plan

- **Meeting Frequency:** ☐ Weekly ☐ Bi-Weekly (*Keep under 30 minutes*)
- **Standard Agenda:**
 1. Operational/schedule updates for the week ahead
 2. Delegation of errand runner tasks
 3. Review of self-care / caregiver respite time
- **Grievance Parking Lot Rule:** *"If emotional disagreements arise during operational check-ins, they will be written down in the 'parking lot' list to be addressed separately with a therapist or counselor."*

Part 3: Social Integration Commitment

Identify ONE non-medical, non-clinical activity to reconnect with community, hobbies, or social life this month: ☐ Joining a peer-led activity or community group ☐ Resurrecting a creative hobby or sports activity ☐ Having coffee or a meal with a friend outside of mental health care

Specific Action Plan:

_____ *Target*
Date: _____