

Guidelines for Using the Emotional Regulation Action Plans

To successfully cope with stressful events, individuals need to learn the ability to inhibit some responses while employing other, more positive responses.

Schools can be instrumental in helping students develop these skills and abilities in an effort to help them regulate their emotions and cope with events at school, home, and in the broader community.

We have created three developmentally appropriate plans for use at the Early Childhood through 2nd grade level, 3rd through 5th grade level, and middle and high school level. The plans are intended to be

a collaborative document between school staff, parents, and the student and can be used with any student. They may prove particularly useful to students showing frequent behavior issues, office referrals and/or contact with student services staff. It can also be a useful re-entry step for students returning from a community-based facility.

Encouragement and validation throughout the process will be important as you move through this plan together. Finally, this is a fluid document that benefits from continuous monitoring and adjustments as a student grows in their skills and abilities.

IMPLEMENTATION GUIDELINES AND TIPS

- Develop this plan in collaboration with the student and their caregivers when the student is in a **calm and emotionally regulated** state
- When possible, the person with the **best relationship** with the student should take the lead on creating the plan with the student
- Honor the student's perspective during development and implementation
- Encourage the student to identify helpful adults as part of their **Support Team**
- **Secure releases**, when appropriate, for identified support team members
- The entire support team need not be present during the development of the plan
- Ongoing communication between members of the support team, parents, and other school staff is important
- Review the plan monthly and when the student is experiencing an increase in emotional dysregulation
- Changes to the plan should be made as needed, as determined by the student and their support team
- *For students with an IEP or 504 Plan, consider the need to reconvene the team if changes to the Behavior Intervention Plan are necessary as a result of this document*

My Emotional Regulation Plan

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

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

Other: _____

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

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

Other: _____

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

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

Other: _____

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

✓ what works ☆ what to try

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

Other: _____

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

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

Other: _____



Browse our resources to find the help you need at:
ResilientLehighValley.org

United Way of the
Greater Lehigh Valley



Action Plan:

When I notice these warning signs and triggers: _____
_____, I will _____
_____ to prevent a crisis from developing.

When staff notices _____
_____, I would like them to help prevent a crisis by _____

_____.

When I follow this plan, I will reward myself by:

Other ideas about what to do if a crisis develops:

Collaboration with Caregivers:

Reach out to the parents/caregivers and invite them answer the following questions:

What do you see as your child's primary triggers and warning signs of distress?

What strategies can we use at home and school to increase your child's ability to feel safe and calm down?

How can we work together better when your child is experiencing distress at school?

People on my support team:

Include: school teaching/admin/counseling/coaching staff, case manager, therapist, psychiatrist, social worker, family and friends

Name	Phone	Email



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