Promoting Safety and Empowerment: A Practical Handout to Support Families

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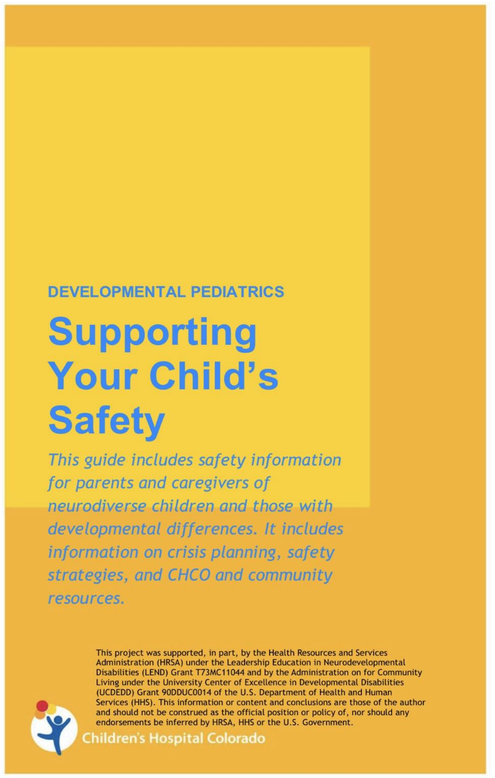
Background

- Developmental Pediatrics at Children's Hospital Colorado provides testing, assessment, and support to families navigating developmental differences.
- Developmental Pediatrics is made up of psychologists, social workers, nurses, therapists and advanced practice providers
- Individuals and families experiencing emotional distress or crisis often lack access to tools and resources to support safety.
- This gap is even more prominent for children and families with ASD (Autism Spectrum Disorder). Traditional safety planning for this population may not adequately account for differences in communication or processing.

Methods

- Reviewed existing best practices in safety planning and assessment.
- Incorporated trauma-informed and and client-centered principles.
- Compiled other evidence-based resources that can be utilized and referenced.
- Interviewed other social workers in Adolescent Medicine and Special Care Clinic to learn their safety processes.
- Gathered input from Children's Hospital Emergency Department to ensure handout provides accurate information about process and common languages used.
- Incorporated feedback from Developmental Pediatrics Family Advisory Board.
- Organized and incorporated data collected from other hospitals such as Kennedy Kreiger (MD), Texas Children's Hospital and University of Minnesota.
- Had brochure sent to CHCO Health Literacy and Translation Services to increase accessibility.
- Gave training to other social work interns about navigating safety conversations with this population.

Results



Creating a Safety Plan

It is important to utilize your child's strengths, plan ahead, and prepare for transitions. Developing a safety plan can be useful. A safety plan is an individualized tool that includes a series of steps and strategies that can help keep your child safe and unique to their needs. While a safety plan may not prevent a crisis from occurring, it can serve as a tool to help keep your child and others safer. Below are some examples of ideas to include in a safety plan.

- Warning signs your child may be distressed or in crisis
- Places they can go to feel safe and calm
- Known coping strategies
- Contact information of trusted people
- Emergency preparedness

Collaborate with providers, educators, and family members to decide what is best information to include. While these conversations can be challenging, they are not dangerous or increase the risk of safety concerns.

Preventative Measures

Take steps before a crisis occurs. Below are key strategies to reduce risk. Think about what other potential hazards may be present in your home.

- Secure dangerous items: place sharp objects (knives, scissors, tools, razor blades) and other hazards (ropes, cords, etc) in locked cabinets and drawers.
- Lock up chemicals and firearms: store cleaning supplies, medications, and toxic chemicals out of reach. Firearms should be stored in a locked container.
- Limit environmental risks: Remove plastic bags and items that can start fires (matches, candles, lighters) from immediate access.

Resources in your community

- Local law enforcement and SMART 911: SMART911 allows you to register critical information about your child that will display to law enforcement when you place an emergency call. Register at smart911.com. Contact your local law enforcement about more programs that may be available, such as crisis intervention teams (CITs) that could include police, EMTs and/or mental health professionals.
- Walk-in mental health clinics: There are walk-in crisis clinics across Colorado including Denver, Pueblo, Colorado Springs, Arvada, Wheat Ridge, Littleton, Montrose, Greeley, Fort Collins and Louisville.

Emergency Room Visits

Visit CHCO or your local emergency room if your child is engaging in behaviors that could cause significant injury to self or others, your child is suicidal, experiencing hallucinations causing distress, or unable to maintain their safety plan. Deciding to take your child to the emergency room can be incredibly difficult. You are not alone. Here are a few tips about what you can expect from a visit.

- Emergency room visits can sometimes take several hours. Consider preparing a small bag prepared with extra clothes, comfort items, and anything else you may need to bring.
- Your child will be seen by a nurse who will do a safety check. Your child will then undergo a medical evaluation and mental health assessment. Providers will discuss the next steps of treatment and safety planning.
- It may be recommended your child is transferred to another department for care. This may be inpatient, partial hospitalization, or outpatient.

Safety Resources from Children's Hospital Colorado

- NSC (Neuropsychiatric Special Care) or PHP (Partial Hospitalization) Programs: Treats children and adolescents with an intellectual or developmental disability who are experiencing mental health crisis. Call 720-777-6200 to learn more.
- Children's Hospital Safety Store: purchase safety equipment such as helmets, car seats, childproofing devices, headphones and more. This store is located on the Anschutz campus.

Other helpful resources

Scan the QR code to access other resources for safety such as community supports, safety items, social stories, home safety tips, coping strategies, and crisis center addresses. There are also printable and fillable safety plans.

Safety Support Numbers

Below are phone numbers to call in case of a crisis or emergency.

911

Call 911 if your child or others are in immediate danger.

988

Call or text 988 for support during a mental health or behavioral crisis.

211

Call 211 to get connected to resources across Colorado.

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Conclusions

- Accessible, trauma informed tools are essential for supporting child safety and caregiver empowerment.
- Simplified and accessible safety planning can increase understanding and engagement with resources.
- Incorporating feedback and emphasizing collaboration from families, self advocates, and clinicians strengthens applicability.
- This handout will be readily available to distribute for providers in Developmental Pediatrics and other departments.

References

Children's Hospital Colorado. (n.d.). Developmental pediatrics program.

Kalb, L. G., Stuart, E. A., Freedman, B., Zablotsky, B., & Vasa, R. (2012). Psychiatric-related emergency department visits among children with an autism spectrum disorder. Pediatric Emergency Care, 28(12), 1269–1276. https://doi.org/10.1097/PEC.0b013e3182767d9

Pennsylvania Autism Services, Education, Resources, and Training Collaborative (ASERT). (2022). Safety plan mental health resource bundle. https://paautism.org/wp-content/uploads/2022/08/SafetyPlanMentalHealthResourceBundle-4.pdf

Rodgers, J., Cassidy, S., Pelton, M., Goodwin, J., Wagnild, J., Bhattarai, N., et al. (2024). *Feasibility and acceptability of autism adapted safety plans: An external pilot randomized controlled trial*.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice, 19(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001

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