

## SSP Reintegration Plan

Name (last, first, middle)

OID

Date and Time Plan Created:

### Unsafe Behavior(s) that Resulted in SSP

### Safe Behaviors Needed for Reintegration

<b>Goal:</b>	I will identify my unsafe behavior and what interventions I will utilize to avoid this behavior in the future.
<b>Objective:</b>	I am actively able to verbalize interventions for the future. I am calm and ready to return to the cottage.

Date Assigned	Methods	Skill Development
Click	I will complete a thinking report connected with my behavior.	I can verbalize an understanding of the connection between my thoughts, feelings, and actions.
Click	I will identify three interventions I can utilize if a similar situation happens again.	I can commit to safety in the living unit with my peers and staff and have developed pro-social interventions.
Click	I will identify three triggers for my current decision making and how I will respond when these triggers occur.	I can verbalize how my triggers impact my decision making.
Click	I will name the person(s) I hurt.	I can see how I hurt people and have either apologized to them or have a plan to repair the harm I caused.

Staff Signature

Date

Resident Signature

Date

Resident refused to sign

Distribution: Resident, Resident's E-File