COLLABORATIVE CARE & NERVOUS SYSTEM SUPPORT TOOL

Trauma-Informed Safety Plan Incorporating Harm Reduction Principles: Adult Version

For Co-Occurring Eating Disorders & Substance Use Disorders

KLASEY CONSULTING

> **A Non-Judgmental Approach to Safety:** Eating disorder behaviors and substance use frequently function as adaptive survival strategies used to regulate overwhelming autonomic arousal, interrupt dissociation, or manage trauma-related distress—not moral failings (**SAMHSA, 2014**). Grounded in autonomy, dignity, and harm reduction, this plan does not demand all-or-nothing abstinence; instead, it outlines practical steps to navigate urges, reduce physiological risk, and care for your body with compassion (**SAMHSA, 2023**).

Name:		**Date Created / Updated:**	
Collaborating Clinician / Supporter:		**Accessible Storage Location:**	

Step 1: Recognizing Early Cues & Nervous System Signals

Identifying subtle physiological, cognitive, or environmental shifts early creates decision space before urges escalate.

Signal Area	What I Notice Happening for Me
Somatic & Autonomic Cues (e.g., hyperarousal, chest tightness, dissociation/numbness, gastrointestinal distress, fatigue)	
Cognitive & Emotional Cues (e.g., shame spirals, body-image distress, perfectionism, craving numbness or immediate relief)	
Situations, Stressors, or Times (e.g., evenings alone, post-work decompression, relational conflict, financial stress, anniversaries)	

Step 2: Creating Space & Choosing Grounding Alternatives

Pausing for even 10 to 15 minutes when an urge arises allows acute sympathetic or dorsal vagal activation to peak and gradually subside. Select or record strategies realistic for daily life:

Sensory & Nervous System Regulation Options	My Personal Go-To Strategies & Grounding Spaces
☐ Hold ice cubes, splash cold water on face, or take a cool shower ☐ Orient to the room: plant feet flat, name 5 sights, 4 textures, 3 sounds ☐ Engage in gentle rhythmic movement (outdoor walk, stretching, progressive muscle release) ☐ Use tactile grounding (weighted blanket, warm herbal tea, textured object) ☐ Shift environment (move to a shared room, library, café, or community space)	**My top 3 regulation strategies I am willing to try first:** 1. 2. 3. **Public or home spaces where I feel calmer and safer:**

Step 3: Compassionate Harm Reduction & Physiological Protection

Co-occurring malnutrition, purging, and substance use compound cardiac, metabolic, and overdose risks. If urges persist or feel too intense to stop completely, these practical steps protect your health without shame (**SAMHSA, 2023**):

Harm Reduction Focus	Practical, Self-Directed Steps I Can Choose
Nutritional & Hydration Buffering (Reducing acute metabolic & cardiac strain)	☐ Consume a small carbohydrate/protein snack or nutritional supplement before or after substance use—hypoglycemia and an empty stomach intensify intoxication and organ strain ☐ Rehydrate steadily with water or oral electrolyte solutions, particularly after purging, alcohol use, or stimulant use ☐ Avoid using stimulants, alcohol, or diet aids to suppress appetite or induce purging
Safer Substance Use Practices (Minimizing overdose & interaction risk)	☐ Avoid using alone; use with a trusted person present or contact a spotting service (e.g., Never Use Alone) ☐ Avoid combining central nervous system depressants (alcohol, opioids, benzodiazepines) or mixing stimulants with purging ☐ Start with a lower test dose and go slow—tolerance drops rapidly during periods of dietary restriction or dehydration ☐ Keep Naloxone (Narcan) and fentanyl test strips easily accessible in a bag, nightstand, or bathroom

Harm Reduction Focus	Practical, Self-Directed Steps I Can Choose
Safer Eating & Post-Episode Care (Protecting esophageal, dental & electrolyte health)	☐ Following purging, rinse mouth with water or baking soda solution and wait at least 30–60 minutes before brushing teeth to protect enamel ☐ Prioritize gentle rest and electrolyte replenishment afterward; avoid punitive fasting or escalating laxative/diuretic use ☐ Practice self-compassion—slip-ups or symptom use are data points, not reasons for self-punishment
When to Seek Urgent Medical Care (Indicators for prompt evaluation)	Seek prompt urgent or emergency medical care if you experience chest pain, palpitations or irregular heartbeat, fainting/syncope, vomiting blood or dark material, severe muscle cramping/confusion, or slowed breathing/unresponsiveness.

Step 4: Personal Network & 24/7 Support Resources

Reaching out does not require full disclosure—asking for ordinary conversation, accompaniment, or grounding support is enough (**Stanley & Brown, 2012**).

Support Role / Resource	Name / Service	Phone / Text / Contact Info
Trusted Friend, Partner, or Family Member (Safe contact for connection or distraction)		
Backup Peer or Recovery Supporter		
Therapist, Psychiatrist, Dietitian, or PCP		
988 Suicide & Crisis Lifeline (Free, confidential 24/7 emotional support—available for any distress)	24/7 Call, Text, or Chat (English & Spanish)	Call or Text: **988** Chat: **988lifeline.org**
Crisis Text Line (Free 24/7 confidential SMS crisis support)	24/7 Text Support	Text **HOME** to **741741**
Never Use Alone (Confidential 24/7 overdose prevention phone spotting)	24/7 Peer-Run Overdose Prevention Line	Call: **1-877-696-1996** Web: **neverusealone.com**
SAMHSA National Helpline (Free, confidential 24/7 treatment referral & information service)	24/7 Multilingual Support & Referrals	Call: **1-800-662-4357**

Sources & Clinical References

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Harm Reduction Framework*. U.S. Department of Health and Human Services.
3. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264. (Adapted collaboratively for co-occurring safety planning).
4. National Child Traumatic Stress Network (NCTSN). (2018). *Trauma-Informed Care and Self-Regulation Strategies for Youth and Young Adults*. National Center for Child Traumatic Stress / SAMHSA.

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Interested in trauma-informed clinical trainings, harm reduction workshops, or organizational consultation for your team? Contact us at **info@klaseyconsulting.com** to learn more about our training and consultation offerings.