

# Making Difficult Conversations Easy

## INDIVIDUALIZED CONFLICT PLAN (ICP)

1. Name \_\_\_\_\_ Date \_\_\_\_\_

### 2. Challenge

<input type="checkbox"/> Internal Triggers	<input type="checkbox"/> External Manifestations	<input type="checkbox"/> Other areas of concern
<input type="checkbox"/> unmet expectations	<input type="checkbox"/> facial expression	<input type="checkbox"/>
<input type="checkbox"/> values violation	<input type="checkbox"/> body language	<input type="checkbox"/>
<input type="checkbox"/> misperceptions	<input type="checkbox"/> voice tone	<input type="checkbox"/>
<input type="checkbox"/> emotional challenge	<input type="checkbox"/> choice of words	<input type="checkbox"/>
<input type="checkbox"/> different intentions	<input type="checkbox"/> behavior	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

*(check all applicabl)*

### 3. CONSIDERATIONS – INCLUDING SPECIAL FACTORS

A. I am nervous	
B. I am over-tired and over this person	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. I am too busy	<input type="checkbox"/> YES <input type="checkbox"/> NO
D.	
E.	<input type="checkbox"/> YES <input type="checkbox"/> NO
F.	<input type="checkbox"/> YES <input type="checkbox"/> NO

### 4. SELF-REFLECTIONS, STRENGTHS, AND NEEDS

A. Results of self-reflection
B. My strengths
C. I need to learn more about...
D. The next skill I need to strengthen
E. My go to people/resources when the going gets tough

### 5. NEXT STEPS


Child's Name:

Date of Birth: