

# Adult & Pediatric Safety Plan

As you fill in this form, focus on your own needs and what would be helpful to you in times of crisis. Your healthcare provider may also review with you to discuss ideas.

## My Commitment to Be Safe

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The one thing that is most important to me and worth living for is: \_\_\_\_\_

## Warning Signs

What are some **situations, persons, thoughts, and feelings** that trigger my symptoms of depression and self-harm?

### Situations

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### Thoughts

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### Persons

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### Feelings

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## Coping Skills

What are some **coping skills** I can use to help myself immediately calm down when I have the thoughts or feelings listed above? I will stop and think of these skills. (Deep breathing, etc.)

- I can/will: \_\_\_\_\_
- I can/will: \_\_\_\_\_

What are some **coping skills** I can use to help me get control?

(Activities that can distract me while I develop strength to cope with stress and pressure, such as talking to someone)

- I can/will: \_\_\_\_\_
- I can/will: \_\_\_\_\_

## Home Treatment

What will my treatment be after I leave the hospital?

- Therapy: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_

What are some specific steps I can take that will help me continue to get better?

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# Adult & Pediatric Safety Plan *(continued)*

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## My Support System

In what specific ways can my family or significant other help me to be healthier?

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Who are the people that will support me in a positive and healthy way?

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Making the Environment Safe

How can I make my environment safer? For example, can I remove guns, medications, and other items?

1. \_\_\_\_\_

2. \_\_\_\_\_

## Professionals or agencies I can contact during a crisis

Who can I call for help? My doctor, a mental health provider, a suicide hotline?

• Clinician name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pager or emergency #: \_\_\_\_\_

• Clinician name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pager or emergency #: \_\_\_\_\_

• Local urgent care services: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

## National Suicide Prevention Lifeline: 988

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## *For Pediatric Use Only*

### Family Contract — Home Rules and Expectations

**An important part of safety is supervision.**

My parent/s and I must agree on the four **W's** and a **curfew** time before I go anywhere.

**Who** are you going with?      **Where** are you going?      **What** will you be doing?      **When** will you be back?

If there is a change in plans, I will always call and let my parents know of the change.

Weekday Curfew: \_\_\_\_\_ Weekend Curfew: \_\_\_\_\_

**Basic Family Rules** (The rules that keep the family safe and demonstrate respect.)

1. \_\_\_\_\_

2. \_\_\_\_\_

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