

Pediatric Extended Safety Plan

Name _____

Date _____

Write a statement that indicates your commitment to be safe: _____

The one thing that is **most important to me** and worth living for is: _____

Identify past and current situations and feelings that trigger symptoms of: _____

Situations

1. _____
2. _____
3. _____

Thoughts

1. _____
2. _____
3. _____

Persons

1. _____
2. _____
3. _____

Feelings

1. _____
2. _____
3. _____

Calming skills you can use to help you calm down immediately when you have the thoughts or feelings listed above. Stop and think and use these skills (Deep breathing, etc.)

- I can/will: _____
- I can/will: _____
- I can/will: _____
- I can/will: _____

Coping skills you can use regularly to help strengthen yourself (Journal, exercise, talking to someone consistently, etc.)

- I can/will: _____
- I can/will: _____
- I can/will: _____
- I can/will: _____

Support System (Both parent and adolescent need to agree on the people on your list)

Support people that will support you in a positive and healthy way	Telephone Numbers

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Pediatric Extended Safety Plan *(continued)*

Identify ongoing issues that should be the focus of treatment after you leave the hospital

1. _____
2. _____
3. _____
4. _____

What will your treatment be after you leave the hospital?

Therapy: _____

Medications: _____

Other: _____

Family Contract — Home Rules and Expectations

An important part of safety is supervision. You and your parents must agree on the 4 W's before you go anywhere and you must agree on a curfew time.

1. (Who are you going with?)
2. (Where are you going?)
3. (What will you be doing?)
4. (When will you be back?)

If there is a change in plans always call and let your parents know of the change.

Curfew

Weekday:

Weekend:

How can your environment be made safer? (For example, can your parent(s)/guardian remove guns, medication, or other items?)

1. _____
2. _____

Basic Family Rules (Rules that keep the family safe and demonstrate respect)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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Pediatric Extended Safety Plan *(continued)*

Identify specific ways that your parent(s)/Guardian can support you in your quest for a healthier you.

<p>Identify warning signs that your support system can watch for that might indicate you are struggling.</p>	<p>How best can your support system respond at these times?</p>
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List specific steps you will take to follow the recommendations that will help you continue to get better.

Outside Resources

Lifeline: 1-800-273 TALK (24/hr, toll-free crisis hotline), www.suicidepreventionlifeline.org

Crisis Text Line: 741741

National Alliance for Mental Illness (NAMI): 988, www.namiut.org

