

# 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)*

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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)*

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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](http://www.suicidepreventionlifeline.org)

Crisis Text Line: 741741

National Alliance for Mental Illness (NAMI): 1-877-230-6264, [www.namiut.org](http://www.namiut.org)

