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

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?

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<tr>
<th>Situations</th>
<th>Thoughts</th>
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<td>Persons</td>
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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?

______________________________

Continued on next page
My Support System
In what specific ways can my family or significant other help me to be healthier?

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: 1-800-273-TALK (8255)

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. ____________________________________________________________