



**Pediatric Behavioral Health & Wellness  
Child & Adolescent Partial Hospitalization Service**

<b>NAME:</b>	_____
<b>DATE OF BIRTH:</b>	_____
<b>MR#:</b>	_____
<b>TODAY'S DATE:</b>	_____

### **SAFETY PLAN / RELAPSE PREVENTION PLAN**

1. Make a list of things that cause you to feel stressed and how you manage them:

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2. Make a list of Warning Signs that your stress is becoming unmanageable:

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3. Make a list of people that you can talk to when needed :

- a) Family Members: \_\_\_\_\_
- b) Therapist: \_\_\_\_\_
- c) Friends: \_\_\_\_\_
- d) School: \_\_\_\_\_
- e) Lifeline: 585-275-5151 \_\_\_\_\_
- f) Other: \_\_\_\_\_

4. Make a list of Healthy ways of Distracting yourself:

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5. Make a list of Healthy ways to Soothe yourself:

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6. Make a list of Healthy ways to Express yourself:

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7. Make a list of what your family can do to support/help you when you feel unsafe or out of control:

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8. Make a list of the steps that you will take to maintain safety if you feel like harming yourself or others (including who you will tell):

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9. What are the signals that others might see that would let them know that you are not feeling safe/ or that you are feeling out of control?

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**Safety Alerts:**

- Remove all potential access to firearms, weapons, sharp objects, alcohol and any other potentially harmful items.
- Lock up all medications. Medication will be dispensed by:
- Other:

**IN CASE OF EMERGENCY:**

- 1) Lifeline 275-5151 or 211
- 2) Mobile Crisis 275-5151 (Access this service by calling Life Line @ 275-5151 or 211)
- 3) If you are a current CAPHS patient, and there is a psychiatric emergency after business hours, page the Child Psychiatry Resident on-call by dialing [275-1616 Pager ID 7456](tel:275-1616).
- 4) If there is life-threatening emergency call 911

Patient: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Therapist: \_\_\_\_\_ Other: \_\_\_\_\_