NO SUICIDE CONTRACT

When people feel depressed, they can have thoughts of hurting or even killing themselves. In fact, suicidal thoughts or feelings are one of the possible symptoms of depression. These thoughts or urges can be treated, as part of the depression, in this treatment program. Your doctor will ask you about suicidal thoughts and other symptoms of depression, in order to determine how best to help you.

It is important for you to feel free to bring up such thoughts in the sessions with your doctor if they occur. It is also very important for you to remain safe at all times during the treatment program. In order to benefit from outpatient treatment, it is necessary for the therapist and teenager, along with the parents, to complete this contract about suicidal thoughts or urges.

In this agreement, we will take a look at whether you have had suicidal thoughts or urges in the past, what kinds of things helped you to overcome them, and then we will make a plan for what to do if such thoughts or urges occur while we are working together.

1. Describe the situation, if any, that has led you to feel suicidal in the past, including the recent past. Think of the worst situation or the one in which you felt the most suicidal, if there have been more than one. (Clinician can write below, as adolescent describes situation.)

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2. What led to you feeling better at that time? What thoughts led you to feel better? What people helped you to feel better? Was there anything you did to feel better?

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3. What is likely to help you in the future if you start to feel suicidal? What thoughts are likely to help you to overcome suicidal thoughts or urges? What people can you turn to? What will be the plan if you have suicidal thoughts or urges?

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Plan needs to include the following key components:

**Teenager:** Promises not to commit suicide; to tell her/his/my doctor (primary therapist) if she/he has suicidal thoughts or urges during the time in this program.

(Clinician: Check here to indicate adolescent’s agreement)_________

**Teenager:** Promises to tell parents, or if they are not available, to tell another adult, such as a guidance counselor or teacher, if she/he has suicidal thoughts or urges, so that they can call the therapist.

(Clinician: Check here to indicate adolescent’s agreement)_________

**Teenager:** Promises that, if no one is available and she/he feels suicidal, she/he will go to the Emergency Room at ____________________________ Hospital.

(Clinician: Check here to indicate adolescent’s agreement)_________

**Parent(s):** Promise(s) assure that adolescent does not have access to guns or other lethal weapons.

(Clinician: Check here to indicate parent’s agreement)_________

Date: __________________

Clinician Signature:____________________________