

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?

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: _____