

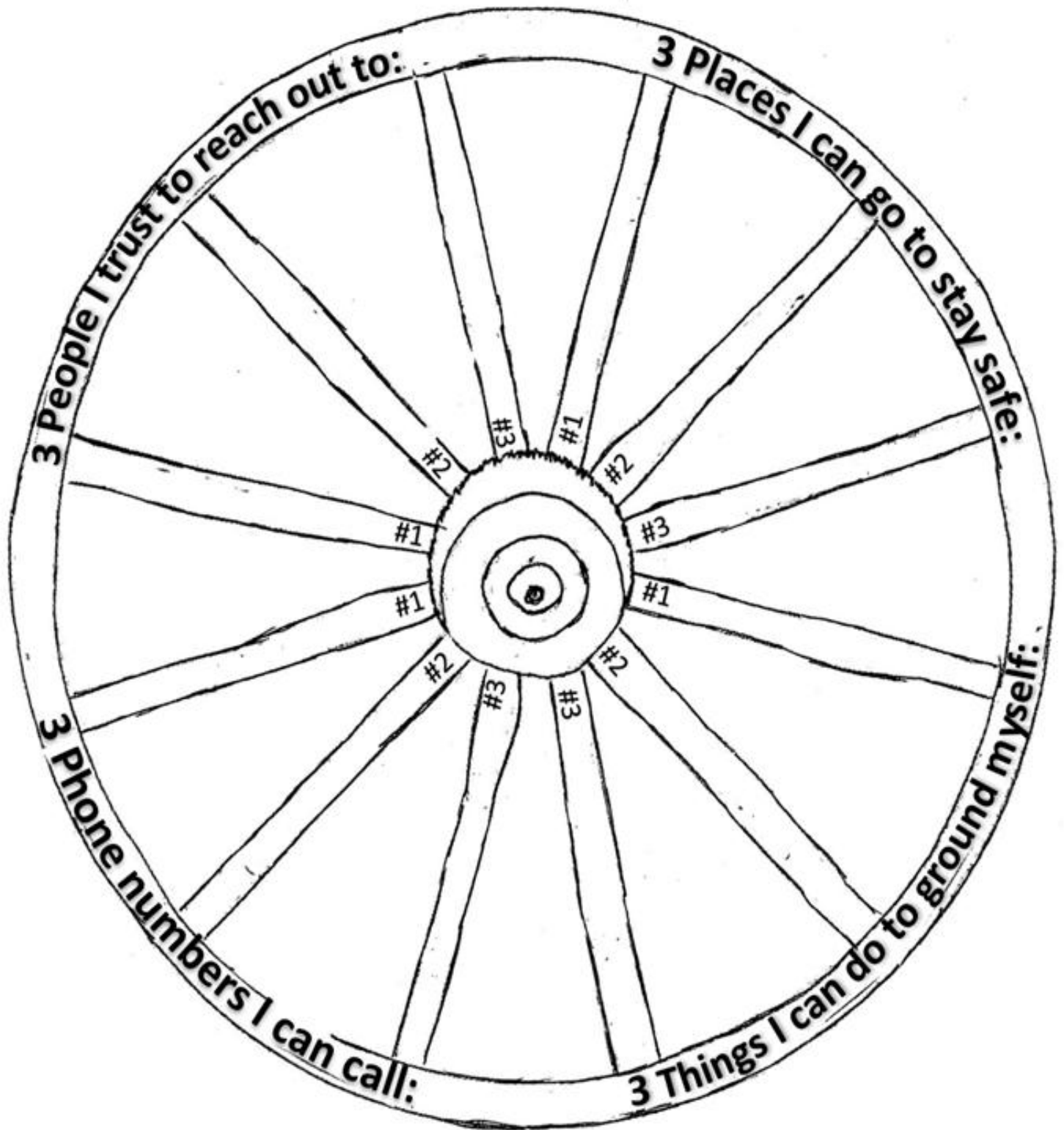
# (Name)

# Life Promotion Plan



Date:

# A plan to keep myself safe





Things that may lead to negative thoughts about myself or others I care about; or harmful behaviours that limit me from reaching my goals:

.

Warning signs that I might notice or others might notice when  
I have these thoughts or feelings

(thinking, imagining, feeling, doing, saying):





What I most want and need when I feel this way  
or start thinking these thoughts:

What works for me when I feel this way or think these thoughts:

(see the Safety Plan Wheel too)



Who in my Paraantii can support me with this:



Ways to make my environment more comfortable when I feel this way or have these thoughts:

**LIFE PROMOTION PLAN SCALE**  
(YOUTH/ADULT SCALE)



| <i>0 – Even though we have created this life promotion plan together, I am still struggling to access this plan and reach out to la paraanti and my other supports when I am having hard days, negative thoughts and just feeling like I don't belong.</i> | <i>10 – There are still hard days, but I am able to access my Life Promotion Plan when needed and have shown how I am able reach out to la paraantii and other supports consistently to feel better. I am actively reconnecting to living a life I want to live and am ready to start thinking about goals for my future.</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**LIFE PROMOTION PLAN SCALE**  
(LA PARAANTII SCALE)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>0 – <b>(child/youth name)</b> struggles with having frequent negative thoughts about themselves and/or others they care about. <b>(child/youth name)</b> does not reach out to or feel a connection with la paraantii or peers. <b>(Child/youth name)</b> often wants to be alone and doesn't feel any purpose or meaning in their life. <b>(child/youth name)</b> doesn't have any sense of belonging and has little hope that things will get better. They have a Life Promotion Plan, but don't use it, and everyone in their paraantii is worried that <b>(child/youth name)</b> will not live the life that Creator wants for them and will continue on the path that could one day cause them serious harm or even death.</p> | <p>10 – Although <b>(child/youth name)</b> may still sometimes have negative thoughts about themselves and those they care about, with the support from their paraantii, they are consistently using their Life Promotion Plan to help them feel better. Frequency of negative thoughts and harmful behaviours have decreased significantly (monthly or less), and they are actively reconnecting to living a life they want to live. La paraantii and <b>(child/youth name)</b> are no longer worried that the path they are on may cause them significant harm. We all feel ready for <b>(child/youth name)</b> to start focusing on more goals for their future.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Scale each person involved along with their rationale and what they think would help us move forward (remember to work the scale and summarize the reflections in their rationale as you will want to review this at the next meeting)

CHILD/YOUTH:

NUMBER:

RATIONALE:

NAME & RELATIONSHIP TO CHILD/YOUTH:

NUMBER:

RATIONALE:

NAME & RELATIONSHIP TO CHILD/YOUTH:

NUMBER:

RATIONAL:

ELDER NAME:

ELDER NUMBER:

RATIONALE:

MICHIF MENTAL HEALTH TEAM LEADER NUMBER:

RATIONALE:

**Signature of Michif Mental Health Worker:**

|            |           |       |
|------------|-----------|-------|
| _____      | _____     | _____ |
| Print name | Signature | Date  |

**Signature of Case Manager:**

|            |           |       |
|------------|-----------|-------|
| _____      | _____     | _____ |
| Print name | Signature | Date  |

**Signature of Michif Mental Health (MMH) Team Leader:**

|            |           |       |
|------------|-----------|-------|
| _____      | _____     | _____ |
| Print name | Signature | Date  |

**Signature of Case Manager Team Leader:**

|            |           |       |
|------------|-----------|-------|
| _____      | _____     | _____ |
| Print name | Signature | Date  |