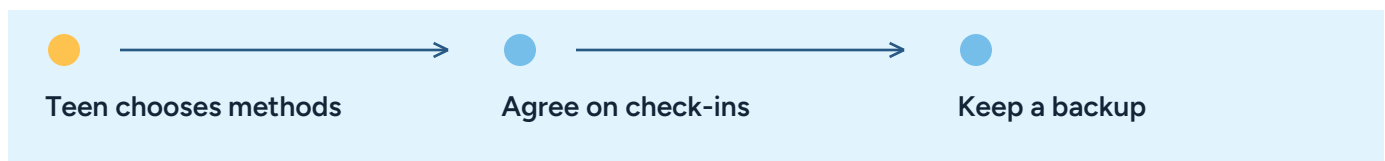


Your Life, Your Systems

Autonomy with a safety net. Skills for what comes next.

Teen-led tools with a parent partnership guide. Use for planning, sleep, digital habits, self-advocacy, relationships, and the transition toward adult responsibilities.



Start here

- 1 The week I actually have
- 2 A project with an exit ramp
- 3 My phone and sleep experiment
- 4 Ask for what helps
- 5 My support agreement

At this stage

Invite the teen into treatment decisions and encourage questions about benefits, concerns, and side effects. Discuss private time with the clinician and the limits of confidentiality. Medication use, refills, storage, and changes require a clear plan with the prescriber; never share medication.

Choose just one

Try one tool in one familiar situation. Keep the support that helps and change what does not. Use developmental ability, communication needs, and current stress to adapt the plan, not age alone.

Print or annotate digitally; these are not fillable forms. Keep completed pages private. Public downloads should contain blank templates only.

Parent partnership

Build the everyday support

Practical guidance for this stage, not a test of perfect parenting.

01 Negotiate the support agreement

Separate outcomes from methods. The teen can choose when and how to work within genuine constraints. Agree in advance on reminders, portal checks, and review times. Avoid surprise surveillance.

02 Teach responsibility by stages

Start with scheduling a task, packing for an appointment, or asking a teacher for help. Move from doing together to a check-in. Use a backup when the cost of a missed step is high.

03 Discuss safety directly and respectfully

Talk about driving readiness, distraction, substances, consent, online pressure, and asking for a safe ride. Do not assume all teens take the same risks. A no-lecture pickup in the moment can coexist with a later safety conversation.

04 Protect relationship from constant evaluation

Have conversations that are not about grades or chores. Notice what matters to the teen. Support needs do not erase competence, and difficulty with follow-through does not erase integrity.

Our one change to try this week

Who will help, and when we will review it

Parent partnership

When the plan gets hard

Practical guidance for this stage, not a test of perfect parenting.

01 Plan from a real week

Include travel, meals, work, caring responsibilities, rest, and deadlines. If there is not enough time, renegotiate the load. A planner cannot fix an impossible schedule.

02 Treat sleep as a shared practical problem

Ages 13-17 generally need 8-10 hours. Work backward from wake time and allow wind-down. Agree on notifications and charging arrangements. Persistent sleep problems warrant care, not just stricter rules.

03 Use repair rather than a character trial

Name the missed commitment and impact, then choose a repair and system change. Adults should repair their own overreach. Keep consequences proportionate and avoid humiliation.

04 Escalate support when needed

Seek care for worsening mood, self-harm, substance concerns, major sleep changes, or severe impairment. If there is imminent danger, use emergency services. Privacy does not require keeping dangerous secrets.

Our one change to try this week

Who will help, and when we will review it

 Keep alongside the tools

Care, evidence, and next steps

Educational tools to use alongside individualized care.

What these pages can and cannot do

These are original Ballast educational exercises, not diagnostic measures or a validated treatment package. Their scripts and suggested practice periods are examples to adapt. Parent behavior training, school supports, and individualized treatment have a broader evidence base than any one worksheet.

Bring patterns to the care team

Record the situation, support tried, and result. Ask about sleep, learning, language, mood, anxiety, sensory needs, and medical contributors when relevant. Discuss medication questions and side effects with the prescriber; do not change doses based on this toolkit.

Protect dignity and safety

Basic care, safe movement, and affection are never earned privileges. Do not use humiliation, hitting, forced eye contact, or unsafe isolation. Repeated aggression, self-harm, or unsafe running away needs a clinician-led safety plan. In the U.S., call or text 988 for crisis support; call 911 for imminent danger.

School support

Discuss specific barriers and supports with the school. In U.S. public schools, ask whether a Section 504 or special-education evaluation is appropriate. Eligibility is individualized; diagnosis alone does not guarantee a plan. Private-school obligations differ. This is not legal advice.

Sources / reviewed September 2026

[CDC: Parent behavior training ↗](#)

[CDC: ADHD treatment ↗](#)

[CDC: School supports ↗](#)

[NIMH: ADHD overview ↗](#)

[CDC: Sleep by age ↗](#)

 Your plan + a safety net

The week I actually have

Choose one important outcome. Budget time before making promises.

My most important outcome

My first visible action and start cue

A demand I need to renegotiate

DAY	FIXED PLANS + ONE NEXT ACTION
MON	
TUE	
WED	
THU	
FRI	
SAT	
SUN	

Put school, work, travel, care tasks, and downtime on the plan. Estimate honestly, compare with actual time, and adjust. A packed calendar is not proof of a workable week.

Your plan + a safety net

A project with an exit ramp

Define done, work backward, and leave a restart note.

Illustrative example



1 Deliverable and what counts as done

2 Deadline and a realistic buffer

3 Three milestones with dates

4 First work block: when, where, first action

5 If interrupted: next action and where to find my work

Example: presentation due Friday; outline Monday, rough slides Wednesday, check Thursday. Ask early for clarification or an extension when needed; do not assume one is granted.

 Your plan + a safety net

My phone and sleep experiment

Try one change for seven days. No perfect streak required.

Wake time and planned sleep opportunity

Wind-down cue and device plan

What I predict will be difficult

DAY	SLEEP HOURS	ENERGY / FOCUS	WHAT I NOTICED
1			
2			
3			
4			
5			
6			
7			

Compare your observations, not your worth. If sleep is persistently disrupted, speak with your clinician. Do not self-adjust medication or use someone else's medicine to sleep or study.

Your plan + a safety net

Ask for what helps

A specific request is easier to act on than a global apology.

Illustrative example

The barrier

I lose track of verbal steps.

The request

Could I have
written directions?

My part

I will use a checklist.

Review

Check back Friday.

Your version

1 The barrier I can describe

2 The support I want to request

3 What I will do / what the other person could do

4 When we will review whether it helps

Try: I lose track of verbal steps. Could I have written directions? I will use a checklist and check back Friday.
Share diagnosis information thoughtfully; ask a trusted adult about formal school supports.

Your plan + a safety net

My support agreement

Teen and caregiver complete together. This is not a punishment contract.

1 What I own now / what we will do together

2 Reminder and check-in rules we both accept

3 Privacy boundaries and safety exceptions

4 One relationship or safety boundary I want to practice

5 My next adult-life skill and backup person

Include a safe-ride contact and trusted adult for coercion, threats, or unsafe situations. Consent must be freely given and can be withdrawn. Revisit this agreement when circumstances change.