

SAFETY PLAN

Date: _____

STEP 1: Warning signs (thoughts, images, mood, Situation, behavior) that crisis may be developing:

1. _____
2. _____
3. _____

STEP 2: Internal coping Strategies- Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

STEP 3: People and social settings that provide distraction:

Name: _____ Phone: _____
Name: _____ Phone: _____
Place: _____ Place: _____

STEP 4: People whom I can ask for help:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

STEP 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: _____ Phone: _____
Clinician Pager or Emergency Contact Number: _____
2. Clinician Name: _____ Phone: _____
Clinician Pager or Emergency Contact Number: _____
3. Local Urgent Care Services _____
Address: _____ Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: Making the environment safe:

1. _____
2. _____

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The one thing that is most important to me and worth living for is: _____

This safety plan will be reviewed together in _____ days/weeks.