

## **SAFETY PLAN**

**Step 1: Warning signs (thoughts, images, moods, situation, behavior) that a 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 (ex: relaxation technique, physical activity)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

- |                |                |
|----------------|----------------|
| 1. Name _____  | Phone _____    |
| 2. Name _____  | Phone _____    |
| 3. Place _____ | 4. Place _____ |

**Step 4: People whom I can ask for help:**

- |               |             |
|---------------|-------------|
| 1. Name _____ | Phone _____ |
| 2. Name _____ | Phone _____ |
| 3. Name _____ | Phone _____ |

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Suicide Prevention Lifeline: 1-800-273-TALK OR 1-800-SUICIDE
4. Local Emergency Service: \_\_\_\_\_  
Emergency Service Address \_\_\_\_\_  
Emergency Service Phone \_\_\_\_\_

**Step 6: The one thing that is most important to me and is worth living for:**

1. \_\_\_\_\_