



SAFETY PLAN WORKSHEET

CLIENT NAME:

Triggers (specific situations) that could lead to a crisis:

1.		4.	
2.		5.	
3.			

My early warning signs (that a safety crisis is developing) are:

1.		4.	
2.		5.	
3.			

When my parents/caregivers notice my early warning signs, they can:

1.		3.	
2.		4.	

Ways I can cope or distract myself:

1.	
2.	
3.	
4.	
5.	

People or social settings to distract me:

1.	
2.	
3.	

If I am unable to help myself I can call:

1. Name:Phone:.....
2. Name:Phone:.....

3. Mental health provider:Phone:.....
4. Your County Crisis Line Phone Number:.....
You can look it up here: <https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines>
5. Teen Link Hotline: 1-866-833-6546 or <http://866teenlink.org>
6. The National Suicide Hotline: 1-800-784-2433 or Text HOME to 741741 or visit <https://www.crisistextline.org>

(If appropriate:) Steps to make the environment safe (removing dangerous items, lethal means, etc.):

1.	
2.	
3.	
4.	

One thing that is most important to me and worth living for:

--