

# Safety Plan

What are the warning signs that I may be in crisis? What types of thoughts, feelings, behaviors, or situations should I pay attention to?

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

What effective coping skills (deep breathing, progressive muscle relaxation, visualization, intense physical activity) do I already know and am able to use?

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

Who are the people in my everyday life that I can contact for help or to provide distraction? What are places I can go to for distraction?

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_
4. Place \_\_\_\_\_

Who are the professionals or agencies I can call or go to if the above activities do not help?

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Local Crisis Line \_\_\_\_\_
4. Local Emergency Department (address) \_\_\_\_\_  
\_\_\_\_\_

How can I make my environment safe?

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

What is something that is important to me and worth living for?

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