

Callers Name: _____ Date: _____ Time: _____
Supe: _____ Counselor: _____

SAFETY PLAN

Step 1: Warning signs:

1. _____
2. _____
3. _____
4. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
➤ If person **primarily** uses a cell phone are numbers in the phone? Y N
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 (8255)
4. Local Emergency Service _____
Emergency Services Address _____
Emergency Services Phone _____

Step 6: Making the environment safe:

1. _____
2. _____

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