**Sample Safety Plan**

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| **Step 1: Warning signs (thoughts, images, mood, situations, behavior) that a crisis may be developing: How does your body feel? What are the thoughts in your head?** |
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| **Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):** |
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| **Step 3: People, social settings, and activities that provide distraction:** |
| Name: Phone: |
| Name: Phone: |
| Place: Place: |
| Activity: Activity: |
| **Step 4: People whom I can ask for help:** |
| 1. Name: Phone: |
| 1. Name: Phone: |
| 1. Name: Phone: |
| **Step 5: Professionals or agencies I can contact during a crisis:** |
| Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinician/Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PCP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Maine Crisis Hotline: 1-888-568-1112 National Text Line: 741741** |
| **Step 6: Making the environment safe:** |
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| **Step 7: The one thing that is most important to me and worth living for is:** |
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