

Client Initials: _____

Client #: _____

SIUC Clinical Center SAFETY PLAN

Step 1: Warning signs (thoughts, images, mood, 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 (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 _____ |
| 2. Clinician Pager or Emergency Contact #: _____ | |
| 3. Local Urgent Care Services: _____ | |
| Urgent Care Services Address: _____ | |
| Urgent Care Services Phone#: _____ | |
| 4. Suicide Prevention Lifeline Phone#: 1800-273-TALK(8255) | |

Step 6: Making the environment safe:

1. _____
2. _____

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The one thing that is most important to me and worth living for is: _____

Print Clinician Name: _____

Clinician Signature: _____ Today's Date: _____

Turn in to Tom Aken, Wham 141D