My Safety Plan

Collaborative crisis plan. Start at the top. Skip ahead if you are already unsafe.

Name: _____ **Date:** _____

If I am in immediate danger: call or text 988 · text HOME to 741741 · call 911

This page is a plan for care, not a promise or a contract.

1. Warning signs that a crisis may be building

Thoughts, moods, body cues, situations (be specific)

_____

_____

_____

2. Internal coping (things I can do alone)

Skills that take under 10 minutes when possible

_____

_____

_____

3. People and places for distraction (not yet asking for help)

Who / where / when

_____

_____

4. People I can ask for help (name + phone)

Tell them they are on this plan when you can

_____

_____

5. Professionals and agencies

My therapist / counselor: _____

Clinic / after hours: _____

US crisis lines (personalize / keep): 988 · text HOME to 741741 · 911

Other local crisis / warm line: _____

6. Making the environment safer

Steps agreed with a clinician or trusted adult

_____

_____

7. My reasons for living

People, pets, values, unfinished good things

_____

_____

_____

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Crisis Contacts Card and Coping Menu

Cut apart if you like. Keep one card in a wallet, bag, or phone case.

Name: _____ **Date:** _____

Crisis contacts (cut friendly)

Call or text 988

988 Suicide and Crisis Lifeline · any time

Text HOME to 741741

Crisis Text Line · any time

Call 911

Immediate danger · medical emergency

My therapist / clinic

Name: _____

Phone: _____

Trusted person 1

Name: _____

Phone: _____

Trusted person 2

Name: _____

Phone: _____

Internal coping menu (try before calling, if safe)

- ☐ Cold water on wrists or splash face
- ☐ 5-4-3-2-1 grounding with my senses
- ☐ Write the urge and wait 15 minutes
- ☐ Hold ice / warm mug (safe temperature)
- ☐ Slow breathing for 2 minutes
- ☐ Play one short song / move my body
- ☐ Step outside or change rooms
- ☐ Look at my reasons for living list

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After a Hard Moment and Weekly Check

Update the plan while the memory is fresh. Asking for help was not failure.

Name: _____ **Date:** _____

After a hard moment (review)

What warning signs showed up? _____

Which plan steps did I try (1 to 7)? _____

What helped even a little? _____

What did not help or was missing? _____

Who did I contact, or wish I had? _____

What will I change on my safety plan? _____

Kind sentence I will say to myself: _____

Weekly accuracy check

- ☐ **Phone numbers still correct?** _____
- ☐ **Coping list still realistic?** _____
- ☐ **Help people still available / informed?** _____
- ☐ **Environment safety steps still in place?** _____
- ☐ **Reasons for living still feel true?** _____
- ☐ **Next review date with my clinician:** _____

US help, any time

Call or text 988 (Suicide and Crisis Lifeline). Text HOME to 741741 (Crisis Text Line). Call 911 if someone is in immediate danger. This worksheet is educational and is not therapy. Build and review your plan with a licensed clinician when you can.

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