

's Safety Plan

_____ (name)

Clinician: _____

Date: _____

Professionals or agencies I can contact during a crisis:

1. My Therapist _____ Phone _____
2. My Psychiatrist _____ Phone _____
3. Crisis Text Line: Text “help” to 741-741
4. Macomb County Crisis Center Phone: 1-586-307-9100
5. Oakland County Crisis Center Phone: 1-800-231-1127 – call or text for help
6. Wayne County Crisis Center Phone: 1-800-241-4949
7. Havenwyck Hospital: www.havenwyckhospital.com/ phone: 1-800-401-2727
8. Harbor Oaks hospital, www.harboroaks.com phone: 1-866.258.3079
9. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
10. Call 911 or go to the nearest hospital emergency room

Step 1. The things and people that are most worth living for are:

(e.g., my children, my pet, my church, my parents etc.)

1. _____
2. _____
3. _____

Step 2. Friends, Family and others I can ask for help:

1. Name: _____ Relationship _____ Phone: _____
2. Name: _____ Relationship _____ Phone: _____
3. Name: _____ Relationship _____ Phone: _____

Step 3: Symptoms, feelings or triggers that may lead to a crisis:

(e.g., changes in sleep, use of drugs or alcohol, conflict with others, financial difficulties, not taking medications, changes in appetite, wanting harm self or others, not caring for basic daily needs, feeling unsafe, negative thoughts, disturbing images, a recent loss etc. Things that have caused difficulty coping in the past).

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

Step 4. People and Social Settings that may provide distraction:

(e.g., call a friend, go to meet someone for coffee, go to a religious place where others gather, go to the mall, go to my yoga class etc. Who has helped in the past?)

1. _____
2. _____
3. _____

Step 5. Things I can do by myself to make me feel better:

(e.g., go for a walk in nature, play with my cat, listen to or play music, meditation, work out, watch a funny movie, etc. What has helped in the past?)

Step 6: Things I can do to make my environment safe:

1. _____
2. _____
3. _____

(e.g., I will remove all firearms from my home, I will give all my old medications to the police, I will have people stay with me overnight until my crisis passes, etc.)

Do you have an Advance Directive? (for more information on Advance Directives and planning for important Health Care Decisions go to www.caringinfo.org) Yes or No