

Client Safety Plan

Name: _____ Date Completed: _____
Collateral/Family: _____ Clinician: Danielle Deramo

Step 1: Triggers & Stressors (behaviors, situations and circumstances that put you at emotional risk):

1. _____
2. _____
3. _____

Step 2: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 3: 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 4: People and social settings that provide distraction:

- | | |
|----------------|-------------|
| 1. Name _____ | Phone _____ |
| 2. Name _____ | Phone _____ |
| 3. Name _____ | Phone _____ |
| 4. Place _____ | |
| 5. Place _____ | |
| 6. Place _____ | |

Step 5: People whom I can ask for help:

- | | |
|---------------|-------------|
| 1. Name _____ | Phone _____ |
| 2. Name _____ | Phone _____ |
| 3. Name _____ | Phone _____ |

Step 6: Professionals or agencies I can contact during a crisis:

- 1. Psychiatrist's Name _____ Phone _____
- 2. Additional clinician's name _____ Phone _____
- 3. Other contact _____ Phone _____
- 4. Suicide Prevention Lifeline Phone 1-800-273-TALK (8255) or call 988
- 5. Call 911 or go to Local Emergency room: _____

Step 7: Making the environment safe:

- 1. _____
- 2. _____
- 3. _____

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

*** Give copy to client, family members & put copy in chart ***
