

SAFETY PLAN

CASE CODE: _____

I, _____, I will use the following safety plan to help me manage (indicated the risk):

The following things tend to trigger me and put me at risk (e.g., thoughts, images, feelings, physical sensations, situation, circumstances, places, people): _____

I tend to experience the following feelings when I am at risk (e.g., depressed, worried, guilty, shameful, angry, sad, fearful, embarrassed, disappointed, humiliated, hurt, abandoned, rejected): _____

I tend to think/believe the following when I am at risk (e.g., beliefs about self, beliefs about others, beliefs about family members, beliefs about the future): _____

I tend to experience the following physical sensations when I am at risk (e.g., feeling hot; tenseness in one's face, neck, arms, or other part of the body; speaking faster or louder): _____

When I am triggered or notice any of the above, I will engage in one or more of the following helpful behaviors that will reduce my level of risk (e.g., take a walk, listen to music, talk to a friend): _____

I will contact:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Agency/Hotline _____

Phone _____

Agency/Hotline _____

Phone _____

Client Signature: _____

Date: ____/____/____

Therapist Signature: _____

Date: ____/____/____