



## **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: Activities and social settings that provide distraction

1. Activities: \_\_\_\_\_
2. Place(s): \_\_\_\_\_
3. Other: \_\_\_\_\_

Step 4: People whom I can ask for help

1. Name / Phone: \_\_\_\_\_
2. Name / Phone: \_\_\_\_\_
3. Name / Phone: \_\_\_\_\_



**(SAFETY PLAN, Cont.)**

Step 5: Professionals or agencies I can contact during a crisis

1. Clinician Name / Phone: Maryjoy Kearns, LPC 480-382-6077

2. Local Emergency Services / Address / Phone: \_\_\_\_\_  
\_\_\_\_\_

3. Suicide Prevention Lifeline Phone: Dial 9-8-8 / 1-800-273-TALK (8255)

4. Maricopa County Crisis Line: (602) 222-9444

Step 6: Making the environment safe

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Name Printed

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist/Witness Name Printed

\_\_\_\_\_  
Therapist/Witness Signature

\_\_\_\_\_  
Date