

## **Grief Safety Plan:**

## Triggers (Memories, Dates, Places, or Names)

- 1. 2.
- 2. 3.
- 3. 4.
- *6*.
- 0. 7.

**Warning Signs:** (Sadness, depression symptoms, hopelessness, anger, sleep disturbances, isolation, looking at photos or videos, loneliness, and crying spells.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Coping Skills: (Things I can do on my own and things that have worked in the past.)

- 1.
- 2.
- 3.
- 4.
- 5. 6
- 6. 7
- 7.

Support System (People whom I can ask for help)

- 1.
- 2.
- 3.
- 4. 5.
- 5. 6.
- 0. 7.

## Professionals or Agencies (who to contact in a crisis/where to go in a crisis)

- 1. 988 (Call or text)
- 2. <mark>9</mark>11
- 3.
- 4.
- 5.
- 6.
- 7.