



CLIENT CRISIS & SAFETY PLAN
Adam Meyers

My warning signs, triggers, and/or symptoms:

1. Feelings of Loss and/or abandonment
2. Feelings of losing and/or loss of control (self & environment)
3. Increase (severity and/or frequency) of perceptual disturbances
4. Increase in irritability and/or anger (including interpersonal discord with partner)
5. Increased rumination and/or perseveration
6. Substance abuse including alcohol

Skills and/or activities I can engage in to help cope with and/or manage my warning signs, triggers, and symptoms:

1. Walking and/or hiking
2. Going to the gym
3. 5-4-3-2-1 grounding exercise
4. Going for a drive
5. Relax (i.e., Netflix-Cuddle on the couch with partner)
6. Reach out to trusted and informed supports

Plan(s) on how to handle my crisis:

1. Securing firearms
2. Setting up an 'emergency' therapy appointment (if viable and within normal business hours)
3. Taking prescribed PRN anxiolytic (as recommended by the medical provider)
4. Calling NW Connections Crisis line
5. Voluntarily going to the Emergency Room and speaking with a behavioral health access nurse or social worker
6. Calling emergency services

People/Agencies I can call if I am in a crisis situation:

1. Partner (Jamie)
2. Sister
3. Caillier Clinic (within normal business hours)
4. Northwest Connections
5. Emergency Services

Emergency Numbers:

Northwest Connections Crisis Line: 1-888-552-6642

National Prevent Suicide: Online Chat or 1-800-273-TALK (8255)

Law Enforcement Ambulatory First Response: 911



CLIENT SAFETY CONTRACT

I have reviewed and understand the safety concerns expressed by my therapist regarding my observed and/or reported elevated risk for harm to myself and/or others. As such, I agree to not engage in any self-harm, destructive, life-threatening, and/or any other high-risk behavior toward myself or others. In the event that I have difficulties managing my symptoms, thoughts, and/or impulses, I will contact Caillier Clinic (715) 836-0064 **during business hours** or contact one of the emergency numbers/providers listed after hours. Furthermore, I agree to be diligent in my attempt(s) to follow the steps outlined in my crisis & safety plan and agree to follow up with my therapist regarding any crisis or safety issues that occur.

Client Signature:

Adam Meyers

Date:

03/17/2022

~~Parent~~
Parent/Guardian Signature:

Janice X. Seiwald

3/17/22

Clinician Signature:

[Signature]

3/17/22

Supervisor Signature:

Emergency Numbers

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