My Personal Crisis Response Safety Plan

When I begin to experience thoughts of suicide or self-injury, I will do the following:

1. I will try to identify specifically what is upsetting me.

2. I will write down other responses I can have to this situation that do not involve harming myself.

3. I will review the thoughts and conclusions that I’ve come to about this situation and try to figure out if they are either accurate or helpful.

4. I will do something I enjoy that helps me feel better for at least 30 minutes. Some of these activities may include:
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. I will talk with someone whom I trust to be supportive about how I’m feeling. These people may include (list names and numbers):
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. I repeat all of the above at least one more time.

7. If the thoughts continue, and I find myself preparing to do something to myself, I will call my preferred local crisis line or suicide hotline (example: 1-800-273-TALK). Please list options below:
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. If I still feel in danger of harming or killing myself and don’t feel I can control my behavior I will call 911 or go to the ER. My preferred ER is:
   
   ____________________________________________________________

Name and Phone Numbers of Other Important Contacts for Me

Case Manager: ______________________________________________________
Therapist: __________________________________________________________
Psychiatrist: _________________________________________________________
Clinic Where I Get Services: __________________________________________
PCP: _______________________________________________________________
Emergency Contact: _________________________________________________

________________________________________________________
Name ____________________________ Signature __________________________
Date ____________________________

________________________________________________________
Witness Name ______________________ Signature _________________________
Date ____________________________