

SAFETY PLAN TEMPLATE

Stanley & Brown Safety Planning Intervention

Name: _____ Date: _____

Step 1: Warning Signs

Thoughts, images, mood, situations, and behaviors that indicate 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:

1. _____
2. _____
3. _____

Step 3: People and Social Settings that Provide Distraction

People and places that provide distraction and support:

Person/Place: _____ Phone: _____

Person/Place: _____ Phone: _____

Person/Place: _____ Phone: _____

Step 4: People I Can Contact for Help

Family members or friends who may be able to offer support:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Step 5: Professional Agencies and Individuals to Contact

Clinician Name: _____ Phone: _____

Clinician Address: _____

Emergency Contact/After Hours: _____

Lifeline: 13 11 14 (Australia)

Emergency Services: 000

Step 6: Making the Environment Safe

Means restriction - removing or reducing access to lethal means:

1. _____
2. _____
3. _____

One thing that makes me want to live:

Signature: _____ Date: _____