

Patient Safety Plan Template

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. People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4. People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

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

1. Clinician Name _____ Phone _____
Clinician pager or emergency contact # _____
2. Clinician Name _____ Phone _____
Clinician pager or emergency contact # _____
3. Local Urgent Care services _____
Urgent Care services address _____
Urgent Care services phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6. Making the environment safe:

1. _____
2. _____

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

Crisis Support Plan

For: _____ Date: _____

I understand that suicidal risk is to be taken very seriously. I want to help _____ find new ways of managing stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases, inpatient hospitalization may be necessary.

Things I can do:

- ▶ Provide encouragement and support
 - _____
 - _____
- ▶ Help _____ follow his/her Crisis Action Plan
- ▶ Ensure a safe environment:
 1. Remove all firearms and ammunition
 2. Remove or lock up:
 - knives, razors, and other sharp objects
 - prescriptions and over-the-counter drugs (including vitamins and aspirin)
 - alcohol, illegal drugs, and related paraphernalia
 3. Make sure someone is available to provide personal support and monitor him/her at all times during a crisis and afterwards as needed.
 4. Pay attention to his/her stated method of suicide/self-injury and restrict access to vehicle, ropes, inflammables, etc. as appropriate.
 5. Limit or restrict access to vehicle/car keys as appropriate.
 6. Identify people who might escalate risk for the client and minimize their contact with the client.
 7. Provide access to things client identifies as helpful and encourage healthful behaviors such as good nutrition and adequate rest.
- ▶ Other _____

If I am unable to continue to provide these supports, or if I believe that the Crisis Action Plan is not helpful or sufficient, I will contact [name of therapist or therapy practice] immediately and express my concerns.

If I believe _____ is a danger to self or others, I agree to:

- ▶ Call [name of therapist or therapy practice and phone number]
- ▶ or call 911
- ▶ or help _____ get to a hospital.

I agree to follow by this plan until _____. Support signature: _____

Client signature: _____ Therapist signature: _____

