

# Suicide Safety Planning Intervention

The purpose of the Safety Plan Intervention is to provide people who are experiencing suicidal ideations with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.

## Safety Plan

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Developmentally appropriate internal coping strategies- Things I can do to take my mind off my problems (e.g., relaxation technique, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide an opportunity to refocus and provide me support:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Place: \_\_\_\_\_
4. Place: \_\_\_\_\_

**Step 4: People whom I or my caregivers can ask for help:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Step 5: Professionals or agencies I or my caregivers can contact during a crisis:**

1. Clinician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinician Pager or Emergency Contact #: \_\_\_\_\_
2. Clinician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinician Pager or Emergency Contact#: \_\_\_\_\_
3. Suicide Prevention Lifeline: 988
4. Local Emergency Service: \_\_\_\_\_  
Emergency Services Address: \_\_\_\_\_  
Emergency Services Phone: \_\_\_\_\_

**Making the environment Safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_

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

\_\_\_\_\_