



Safety Plan Page 1 of 2

Updated: August 8, 2024

LeAnn G. Jean, LPC, MAC, CPCS

Individual's Name _____

Date of Birth _____

Policy Number _____

Safety Plan For: _____ Date: _____



List my (or my child's)

Unsafe Behaviors:

Examples: danger to self and others



List my (or my child's) specific

Warning Signs/Triggers:

Examples: thoughts, events, people, feelings, etc.

In the event that I (or my child) displays these unsafe behaviors ...

I understand that I am to:

Plan of Action:



List my (or my child's)

Coping Strategies:

Example: Things that I (or my child) can do to take the mind off of the problems without contacting someone



List people and places that

Provide Distractions:

Examples: People who help me (or my child) feel better, safe places I (or my child) can go to be around others, what these people can do to help distract me (or my child)



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Get Help!

In case of **life threatening** or **medical emergency** call:



Identify and provide names and phone numbers

People who can help:

Examples: Family members, teachers, friends, etc.

1. Name _____

1. Phone _____

2. Name _____

2. Phone _____

3. Name _____

3. Phone _____

Agencies that can help:

Examples: Counseling services, hotlines

Suicide Hotline Call or text:



Still Waters Professional Counseling Services, Inc.

Augusta, GA Office Phone: **706-955-9224**

Macon, GA Office Phone: **478-254-6091**

1. Agency _____

1. Phone _____

2. Agency _____

2. Phone _____

3. Agency _____

3. Phone _____



Identify ways to make a

Safe Environment:

Examples: Identify methods of self harm and how to avoid access to these methods

I will make the environment safe by:

Safe Environment Plan:

Large empty box for writing the Safe Environment Plan.

Safety Plan Agreement:

This safety plan has been developed and reviewed either via telehealth/phone methods or face-to-face and constitutes a verbal agreement between the individual, their parent or guardian (if individual is under the age of 18) and the witness assisting with developing the plan.

My selections below reflect my verbal agreement and the witness listed below attests to my verbal agreement.

I agree to the safety plan and commit to following it to the best of my ability.

Individual Parent/Guardian

I understand that I need to keep all of my (or my child's) mental health appointments.

Individual Parent/Guardian

I understand that I am to take (or assure my child takes) all medication as prescribed.

Individual Parent/Guardian

Individual's Name: _____ Parent/Legal Guardian's Name: _____ Witness's Name/Credentials: _____ Witness Date: _____
