

MY SAFETY PLAN

Something that is important to me and worth living for:

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing (observable by me or others):

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off of my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____
4. _____

Step 3: People and social settings that provide distraction:

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| Place: _____ | |
| Place: _____ | |

Step 4: People whom I can ask for help:

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

Step 5: Professionals or agencies (provider, therapist, case manager, etc.) I can contact during a crisis:

- | | |
|---|---------------------------------------|
| 1. Provider name: _____ | Phone: _____ |
| 2. Provider name: _____ | Phone: _____ |
| 3. Gundersen Health System Telephone Nurse Advisor | Phone: (608)775-4454 or (800)858-1050 |
| 4. Mayo Nurse Advisor | Phone: (608)785-0940 |
| 5. Great Rivers | Phone: 211 or (800)858-1050 |
| 6. La Crosse County Crisis Line | Phone: (608)784-HELP (4357) |
| 7. Home County Crisis Line | Phone: _____ |
| 8. National Suicide Prevention Lifeline | Phone: (800)273-TALK (8255) |
| 9. Hopeline (The Center for Suicide Awareness) | Text: 741741 |
| 10. Emergency | Phone: 911 |
| 11. Community Support Program (CSP) for CSP MEMBERS | Phone: (608)785-0001 or (855)697-0759 |

Step 6: Ways to reduce risk when returning home:

- | | Client Initials |
|--|-----------------|
| 1. Remove firearms/weapons from home | _____ |
| 2. Avoid alcohol and recreational drugs | _____ |
| 3. Keep all appointments with healthcare providers | _____ |
| 4. Other risk factors specific to me: _____ | _____ |

