

# My Safety Plan

## Recognizing Warning Signs and Building Resilience



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Warning Signs

*What thoughts, feelings, or situations tell me I might be struggling?*

### Coping Strategies

*What can I do on my own to help myself feel better?*

- Deep breathing
- Grounding exercise (5-4-3-2-1)
- Listening to music
- Journaling
- Taking a walk
- Other: \_\_\_\_\_

### Distractions & Safe Activities

*What can help take my mind off things?*

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## People I Can Contact

*Who can I reach out to for support?*

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Professional Support

- Therapist / Counselor: \_\_\_\_\_
- Crisis Line / Support Line: \_\_\_\_\_
- Other Support: \_\_\_\_\_

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## Making My Environment Safe

*What can I do to make my space safer?*

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## My Reasons to Stay Safe

*What matters most to me?*

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## **My Commitment**

*One thing I will do to take care of myself:*

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**"I am not alone. I can reach out and get through this."**