Safety Plan

Patient Safety Plan

Local Emergency Numbers:

- **911**
- If you are deaf or head of hearing, call **711** then **988**
- Text-based chat: **988lifeline.org**
- For online chat, visit **https://988lifeline.org/chat**

My Mental Health Provider: Confianza Health **(623) 439-7472**

Professionals or agencies I can contact during a crisis: *

Presenting Problem & Medical Necessity: Reason for assessment (check all that apply): *

- ☐ Suicidal ideation
- ☐ Suicide attempt (recent)
- ☐ Self-harm behavior
- ☐ Homicidal ideation
- ☐ Severe emotional distress
- ☐ Substance use relapse risk

Other: *

Suicide / Safety Risk Assessment

Current Ideation:

Suicidal Thoughts: *

Frequency: *

Duration: *

Plan: *

Intent: *

Means Access *

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- [ ] Firearms
- [ ] Medications
- [ ] Sharp objects

Other: *

Risk Factors: *

- [ ] Prior suicide attempt(s)
- [ ] Psychiatric diagnosis
- [ ] Substance use
- [ ] Trauma history
- [ ] Chronic pain/medical condition
- [ ] Family history of suicide
- [ ] Recent loss or stressor
- [ ] Social isolation

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

Making the environment safe: *

Clinical Risk Level Determination *

- [ ] Low Risk
- [ ] Moderate Risk
- [ ] High Risk

Protective Factors *

- [ ] Family/support system
- [ ] Children/dependents
- [ ] Employment/school
- [ ] Religious/spiritual beliefs
- [ ] Future orientation
- [ ] Engagement in treatment

Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity, individual distraction, mindfulness): *

De-Escalation Plan: Patient agrees to the following when experiencing acute urges: *

- [ ] Pause and delay action for 10 minutes
- [ ] Use grounding techniques
- [ ] Relocate to safe environment
- [ ] Contact support person

Social Supports (distraction): Name, Phone, Relationship *

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Crisis Supports (Help-Seeking): Name, Phone, Relationship *

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Pause & Create Space

- Stop what you're doing and take a few slow breaths
- Tell yourself: *"This feeling will pass—I don't have to act on it right now."*
- If possible, move to a safer or more neutral environment

Grounding Techniques (Bring attention back to the present)

- **5-4-3-2-1 Method**:
  - 5 things you see
  - 4 things you feel
  - 3 things you hear
  - 2 things you smell
  - 1 thing you taste
- Hold an ice cube or splash cold water on your face
- Focus on your breathing (in for 4 seconds, out for 6)

Urge Surfing (Riding out the feeling)

- Notice the urge without acting on it
- Rate the intensity from 1–10
- Watch it rise and fall like a wave (most urges peak and fade within minutes)
- Remind yourself: *"I can get through this moment."*

Safe Alternatives / Distractions

- Engage in an absorbing activity:
  - Walk, exercise, clean, play a game
  - Draw, write, or listen to music
- Use sensory substitutes:
  - Hold something cold or textured
  - Wrap up in a blanket for comfort
- Set a timer (e.g., 10–15 minutes) before reconsidering the situation

Reach Out

- Contact someone from your support list
- Send a simple text: *"I'm not feeling okay—can you stay on the phone with me?"*
- If alone, use a crisis line (988 in the U.S.)

Reduce Risk Immediately

- Move away from anything that could be used to hurt yourself
- Ask someone to stay nearby or remove unsafe items
- Stay in a public or shared space if possible

Self-Compassion Statement

Encourage the patient to repeat:

“I’m having a hard moment, but I deserve care, safety, and support.”

After the Urge Passes

- Acknowledge success: *“I got through that.”*
- Do something nurturing (eat, rest, hydrate)
- Reflect briefly on what helped

Clinical Decision & Justification *

☐ Outpatient management appropriate

☐ Higher level of care recommended (IOP/PHP/Inpatient)

☐ Emergency evaluation required

Person signing document *

Signature: * ×

Date: