

# Suicide Safety Plan



## Behavioral Health

## Program

Step 1: Triggers and Stressors (behaviors, situations that you put you at emotional risk)?

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

Step 2: Warning Signs (thoughts, mood, situation, behavior) that show you are becoming at risk?

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

Step 3: What Are My Coping Skills? (Things to take my mind off of my at risk feelings)

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

Step 4: Who Can I Contact In a Crisis?

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

Step 5: Professional Agencies I Can Contact During a Crisis.

1. 911
2. New Castle County Crisis: 1-800-652-2929 Kent and Sussex Crisis: 1-800-345-6785
3. National Suicide Hotline: 1-800-273- TALK (8255)

Step 6: How Can I Make My Environment Safe? (What needs to be taken out of the home)

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

Step 7: What Is The Most Important Reason For Me To Live?

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

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Witness and/or Medical Provider : \_\_\_\_\_