

# Safety Plan & No-Harm Contract

## Wellness

What does wellness look like? When we are in crisis, we may have a hard time remembering or recognizing what wellness looks like. When we are well, negative thoughts and experiences still exist but we are able to “manage” them effectively.

1. When I am well, this is how I feel: (look forward to the day, don't let bad feelings ruin my day, etc)
2. When I am well, these are some of the things I do in a typical day: (visit friends or family, watch a movie, etc.)
3. When I am well, I tend to think about: (the future, how I want to spend my day, things I'm really good at, how I can control my negative thoughts, etc.)

## Identification of Coping Skills

When we are well, it is easier to remember to do these things in the face of unpleasant feelings or events. However, once we are in crisis, these things can be difficult to recall!

1. Identify coping skills I can name and utilize in a pending crisis:
2. Identify rewards and reasons I have to live:

## Triggers & Responses

These are things that contribute to negative moods and feelings and how we respond. It is important to consider if the response is appropriate to the environment and to have multiple options available. Think

of the responses to the triggers as the steps one needs to take in order to achieve the “preferred” level of reaction to the event or feeling.

1. Trigger One:  
When this trigger happens, the best way for me to respond to the trigger is:
  
2. Trigger Two:  
When this trigger happens, the best way for me to respond to the trigger is:
  
3. Trigger Three:  
When this trigger happens, the best way for me to respond to the trigger is:

## Early Warning Signs

It is best to think of these as “Red Flags” indicating that it is time to pay attention and take action. Failure to heed these warning signs often will lead to crisis.

1. Warning Sign One:  
Things I must do or coping skills to use:
  
2. Warning Sign Two:  
Things I must do or coping skills to use:
  
3. Warning Sign Three:  
Things I must do or coping skills to use:

## Pending Crisis

At this point, things have begun to break down and we are in crisis. At this point, one should recognize that they are no longer a reliable source of information and that it is time to seek support.

1. Crisis Sign One:  
Things I must do:

2. Crisis Sign Two:  
Things I must do:

3. Crisis Sign Three:  
Things I must do:

## Support Network

It is important to ensure that the people listed in the support network are not a part of the problem or a trigger. The individuals or organizations listed here should be reliable and supportive.

The following family members or friends have agreed to be a part of my support network and have offered help when needed:

- Name:                      Phone #:                      Other way(s) to contact:
  
- Name:                      Phone #:                      Other way(s) to contact:
  
- Name:                      Phone #:                      Other way(s) to contact:

The following Medical & Mental Health Resources have been identified as a part of my support network:

- Call 911
- Crisis Hotlines:
  - Call 211
  - Visit [211Brevard.org](http://211Brevard.org)
  - Text HOME to the crisis text line at 741741
  - Call the suicide prevention hotline at 1-800-273-TALK (1-800-273-8255)
  
- My Counselor:  
Name:                      Phone #:                      Other way(s) to contact:

- My Psychiatrist:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other way(s) to contact: \_\_\_\_\_
  
- My General Care Practitioner:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other way(s) to contact: \_\_\_\_\_
  
- Other:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other way(s) to contact: \_\_\_\_\_
  
- Other:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other way(s) to contact: \_\_\_\_\_

## No Harm Contract

I, \_\_\_\_\_, agree to not harm myself in any way, attempt to kill my self, or kill myself during the period from now until \_\_\_\_\_(the time of my next appointment).

I agree that, for any reason, if the appointed session is postponed, canceled, etc., that this time period is extended until the next *direct* meeting with my counselor. In this period of time, I agree to care for myself, to eat well, and to get enough sleep each night.

I further agree to utilize this safety plan as needed, including but not limited to making social contact with the individuals listed as part of my support network.

I agree to rid my presence of all things I could use to harm or kill myself. I agree that if I am having a rough time and come to a point where I may break any of these promises, I will make contact with the individuals listed in my support network. If I cannot reach these individuals, I will immediately call the crisis hotline at 2-1-1 or call the the suicide prevention hot line at 1-800-273-8255, or 9-1-1 if it is a true emergency.

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor, I intend to keep this contract.

Signed (Client): \_\_\_\_\_

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

Witnessed (Counselor): \_\_\_\_\_

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