



## SAFETY PLAN TEMPLATE\*

This safety plan is designed for use before or during a suicidal crisis. This form should be filled out in the Veteran's own words, preferably with the help of a loved one, a trusted adviser, or a mental health professional. If this is your plan, please keep it with you at all times so you have support whenever you need it, and share a copy with family members or friends you trust.

### STEP 1: RECOGNIZING WARNING SIGNS

These are my warning signs that things are starting to feel out of control.

**Sometimes these warning signs are connected to my thoughts of suicide:**

Thoughts: \_\_\_\_\_

Feelings: \_\_\_\_\_

Behaviors: \_\_\_\_\_

Symptoms: \_\_\_\_\_

### STEP 2: USING INTERNAL COPING STRATEGIES

When I notice these warning signs, these are things that I can do on my own to help make sure I do not act on my suicidal thoughts or urges.

**These are things that help calm me or distract me from my thoughts:**

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

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

3. \_\_\_\_\_

**It is also important for me to consider:**

"Is there anything that might stand in the way of using these coping strategies when I am in crisis?"

### STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION

When my initial coping strategies do not fully resolve the situation, I will reach out to others.

**To create a personalized list, answer the following:**

- Who helps me take my mind off my problems, at least for a little while?
- Who helps me feel better when I socialize with them?
- Are there places I can go (e.g., a coffee shop) that help me take my mind off my problems?

**List several people and social settings, in case the first option is unavailable.**

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

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

3. Place: \_\_\_\_\_

4. Place: \_\_\_\_\_

#### STEP 4: PEOPLE WHOM I CAN ASK FOR HELP IF DISTRACTION ALONE DOESN'T FULLY WORK

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**When I need to talk about how I'm feeling, I will contact the people in my life who care about me, are supportive, and want to help.**

**Those people are:**

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

#### STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS

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**When I need to talk to a mental health professional or other provider, I will call one:**

1. Therapist/Clinician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Primary Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. VA Suicide Prevention Resource Coordinator Name: \_\_\_\_\_  
VA Suicide Prevention Resource Coordinator Phone: \_\_\_\_\_
4. Veterans Crisis Line: 1-800-273-8255, press 1
5. Local Urgent Care Services: \_\_\_\_\_  
Urgent Care Services Address: \_\_\_\_\_  
Urgent Care Services Phone Number: \_\_\_\_\_

#### STEP 6: MAKING THE ENVIRONMENT SAFE

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To help keep myself safe, I will remove or safely store things I could use to hurt myself.

**This is my plan to remove or safely store the following items:** [complete all that apply]

Firearms: \_\_\_\_\_

Medications: \_\_\_\_\_

Household toxins/poisons: \_\_\_\_\_

Sharp or other dangerous objects: \_\_\_\_\_

Who can help keep these items safe and securely stored? \_\_\_\_\_

\_\_\_\_\_

\*Adapted from Stanley & Brown's (2008) *Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version*

Should a crisis escalate to a point where I need immediate assistance, I will call the  
**Veterans Crisis Line • 1-800-273-8255 Press 1 • or dial 911**

Confidential crisis chat at **VeteransCrisisLine.net** or text to **838255**