



Signing the Safety Contract

- 1) I can talk with _____ **(clinician name)** during our sessions to talk about my feelings.
- 2) I can talk to a family member or trusted adult about my feelings (see list above).
- 3) I can do or tell myself some of the things I wrote down on the first page.
- 4) I (or a trusted adult) can call the emergency line at Be Inspired Counseling, LLC and talk with the on-call clinician at 508-944-0231 or the main office line at 508-930-0154 and then press 9 **at any time**.

Client Signature

Date

Parent/Guardian if under 18

Date

Clinician Signature
Be Inspired Counseling, LLC Clinician

Date

Please check this box if the document was created and discussed through telehealth. The family will need to sign and return this signature page (scan or fax).

247 Washington Street, Second Floor -Stoughton, Massachusetts 02072
44 Wood Avenue, Unit 1A- Mansfield, Massachusetts 02048
P: (508) 930-0154 F: (781) 634-0086
www.beinspiredcounseling.com

MY SAFETY PLAN

Name: _____

Date: _____

My Triggers

Things that make me feel agitated or cause me to go into a crisis.

Red Flags/Warning Signs

I should use my safety plan when I notice these warning signs (thoughts, moods, behaviors).

Coping Skills/Healthy Behaviors

Things I can do to calm down or feel better in the moment.

Places I Feel Safe

(Can be real or imaginary)

Encouraging Statements

Things I can say to myself to help myself through the situation.

Things In My Life That Are Most Important To Me

Natural Supports (People who can help me)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Other Helpful Supports



MY SAFETY PLAN

Client Name _____

Date of Plan: _____

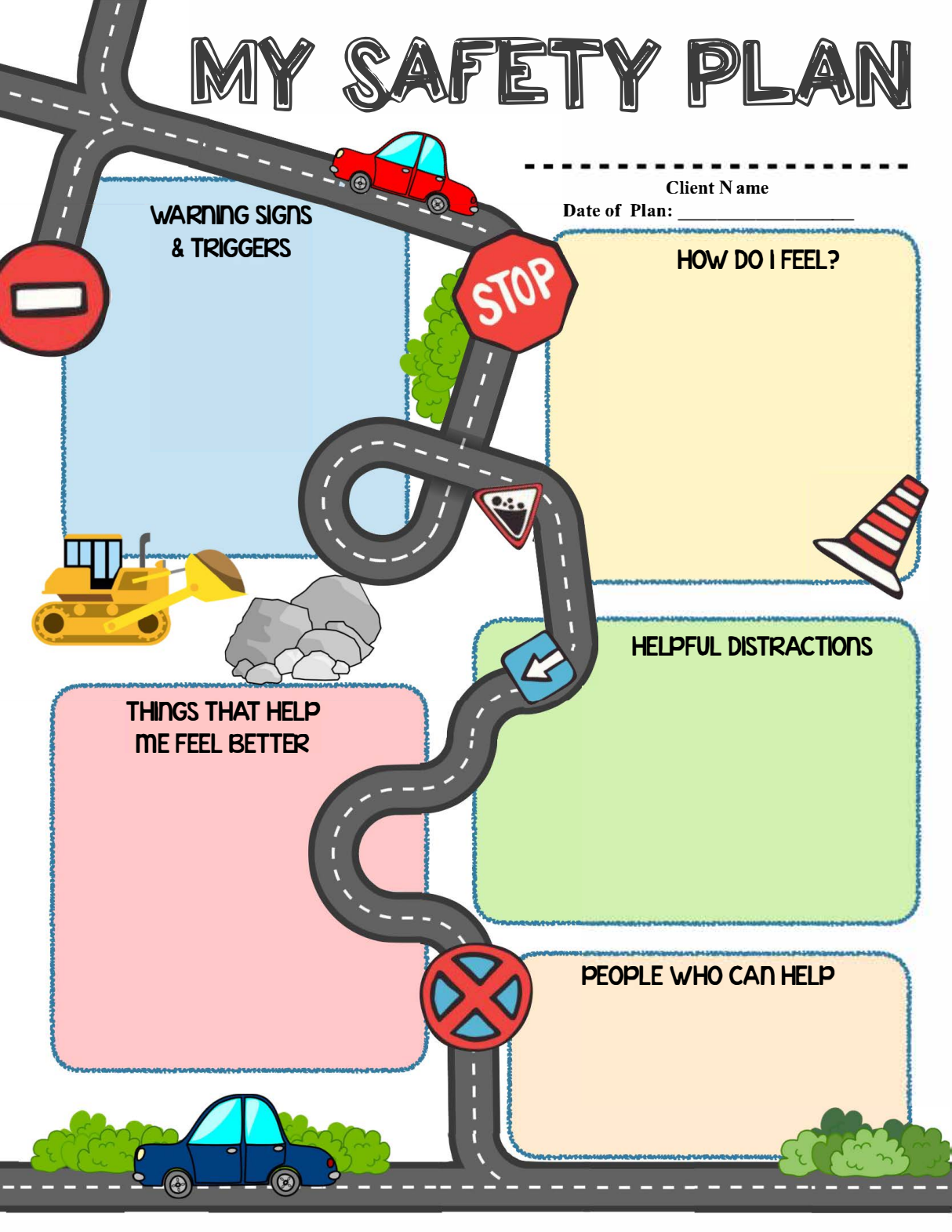
WARNING SIGNS
& TRIGGERS

HOW DO I FEEL?

HELPFUL DISTRACTIONS

THINGS THAT HELP
ME FEEL BETTER

PEOPLE WHO CAN HELP





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