

Personal Safety Plan

Make a contract with yourself now to complete and store your *Personal Safety Plan*. This plan will then be available to you when dark thoughts of suicide or harming thoughts occur (“darkness”). Just knowing what to do and where to start is so helpful and has kept me and others safe through many experiences of darkness. It can hopefully help you as well, so please complete the plan today.

This plan was compiled from the original put in place with my Therapist in 2018 and then I modified it to help it flow better for me. The thoughts of suicide or other harming thoughts are typically frightening, but having a plan in place provides some guidance and confidence to endure the emotional pain and darkness that is occurring.

Steps for completion:

- 1) Review the *Personal Safety Plan* steps.
- 2) Complete “Details” section.
- 3) Take a picture of your *Personal Safety Plan* and the Details section.
- 4) Store the picture(s) of the plan on your phone. Make sure it is easy to find. (I embedded it in a Note)
- 5) Also store other pictures of your loved ones, pets, favorite places, etc with the picture(s) of your *Personal Safety Plan*.
- 6) Make copies of your *Personal Safety Plan* and keep where it can be easy to find in your home or car.
- 7) If you have a Therapist, discuss this plan in your next appointment.

Disclaimer: *Personal Safety Plan* is a tool to help when having thoughts of suicide or harming yourself. This should not replace any plans/contract you have in place with a Mental Health Professional, nor is it a guarantee that it will keep you safe. This tool was so beneficial to me during my emotional journey that I am just sharing it with others. I am not a Medical or Mental Health Professional. Treat this document as such, a tool, that might help in your journey and challenges.

From YouTube Channel – PTSDwithCJ

Personal Safety Plan

1. Decide not to harm myself
 - a. Remember: You made a contract with yourself (see details)
 - b. Remember: This is a temporary problem, don't solve it with a permanent solution
2. Accept this as part of the process for getting better
3. Change my physical environment (cooler is best)
4. Pray or meditate, get intentionally mindful in everything you do
5. Write negative consequences of harming myself
6. Write positive benefits of staying alive (see details)
7. Eat something sweet and drink water
8. Exercise, walk, move
9. Do something you enjoy. (See details)
10. Visualize yourself doing all the steps again
11. Call your defined contacts (see details)
12. Call crisis # to reach out: 800-273-8255 or text Hello to 741741
13. Contact your Therapist (see details); or take action to get one.

Note: Steps do not necessarily have to be performed in specific order. Just do the steps, all of them or just a couple of them to get out of darkness and return to safety.

Details:

Contract with myself:

I want to stay safe and not harm myself, so I will follow my *Personal Safety Plan* and use it when needed to ensure I do what I can to keep myself safe.

Signature _____

Date: _____

Details for step 6: List at least 4 reasons **why you want to live**.

Instructions: These thoughts are listed on the plan because if you need a safety plan, your thoughts have likely reached deep into 'darkness' and you likely cannot think easily about positives. What do you look forward to being a part of in the future? What do you want to accomplish? What brings joy to you that you don't want to miss out on?

Details for step 9: List of things to **go do** to help quiet your thoughts of darkness.

Instructions: These should be fairly specific and likely will change often, so update as needed. Think about what you are doing when you thoughts are the most present and positive; and consider these for your list. Examples: Walk around yard and look at gardens; go for walk to the park; play ball with the dogs; read xxxx; get out my adult coloring books and start a new one; or get involved in xxx craft project.

Contacts for step 12 and 13:

- a. Contact Person: _____ Phone#: _____
- b. Contact Person: _____ Phone#: _____
- c. Contact Therapist: _____ Phone#: _____