



Do you have things or people that “trigger” negative thinking, emotions or behavior? A safety plan can help you better manage those difficult emotions. As part of our commitment as a *Sanctuary Community*, Counseling & Recovery Services clients and staff create a personal safety plan. A good safety plan identifies safe and effective self-soothing activities to use anytime, anywhere, and without embarrassment.

Choose at least three immediate things to do when you find yourself in a challenging, stressful, or dangerous situation. Some activities can involve others or leaving the space you are in (for example, calling a friend or taking a walk). At least one should be something you can do on your own and without leaving the space you are in (for example, deep breathing, counting to 10 or squeezing a stress ball). We also would like you to identify signs that you are having a difficult time, so that others can be aware and try to offer some support.

Things I try to do to manage my feelings:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Signs that show I am having a tough time:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## **Recipe for SELF**

**Safety:** How can my parent/guardian help keep me safe? How can I help myself feel safe?

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Who are three other people I can call to help me feel safer?

*(Just use name now but when you leave add their number)*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Emotion:** Two of my feelings I wish that I could learn more about or wish I could share better with others.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**Loss:** What do I need to work on while I am at *The CALM Center*: \_\_\_\_\_

**Future:** In the next two months I want to: \_\_\_\_\_

I want to be alive in the future because I want to \_\_\_\_\_

and because I want to \_\_\_\_\_

Write your first name \_\_\_\_\_

Today's date \_\_\_\_\_

To be completed at discharge:

Three new coping skills that I have learned while at *The CALM Center*:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_