



MY WELLNESS TOOLBOX & CRISIS ACTION PLAN



This plan is to help me if I have thoughts about killing myself. If I have these thoughts, I agree to take each of the following steps until I am safe.

I will keep my safety plan here: _____, so I can find it when I need it.

I will:

1. Remind myself that thoughts of suicide can be very strong, and do not last forever.

Read: "Crisis can be an overwhelming fog where I don't see options, or ways to solve a problem. Sometimes crisis convinces me that I am a burden to others or that there is no one who cares for me or is willing to help. My safety plan reminds me what tools and support I have to get through this difficult time. If I follow this plan, I may feel enough relief from my suicidal thoughts and receive help to find a way to live another day."

2. Be aware of warning signs, triggers, or stressful events that tell me a crisis may be brewing and it's time to use my safety plan.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cry a lot | <input type="checkbox"/> Intense worry/anxiety | <input type="checkbox"/> Anniversary of trauma |
| <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Feel angry/aggressive | <input type="checkbox"/> Financial/legal problems |
| <input type="checkbox"/> Increase use of alcohol/drugs | <input type="checkbox"/> Miss doctor appts | <input type="checkbox"/> Too many responsibilities |
| <input type="checkbox"/> Isolate/close off from others | <input type="checkbox"/> Think "I can't cope" | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Change in sleep | <input type="checkbox"/> Overreact to minor things | <input type="checkbox"/> Family arguments |
| <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Divorce | <input type="checkbox"/> Difficulty in school/work |
| <input type="checkbox"/> Get lost in thought | <input type="checkbox"/> Relationship break-up | <input type="checkbox"/> Being scolded or screamed at |
| <input type="checkbox"/> Feel restless, fidgety | <input type="checkbox"/> Death of someone close | <input type="checkbox"/> Feel humiliated/ashamed |

3. Know what I can do on my own that may help me feel better or distract me from painful thoughts and feelings, including active and relaxing activities and places I can go to get away, and use those tools.

- | | | |
|---|--|--|
| <input type="checkbox"/> Meditate, do yoga | <input type="checkbox"/> Play a game | <input type="checkbox"/> Read a newspaper, magazine, or book |
| <input type="checkbox"/> Cook a meal | <input type="checkbox"/> Exercise or get physically active | <input type="checkbox"/> Go to a community center |
| <input type="checkbox"/> Play with a pet | <input type="checkbox"/> Take a long bath | <input type="checkbox"/> Attend a place of worship |
| <input type="checkbox"/> Visit online support group | <input type="checkbox"/> Volunteer to help someone | <input type="checkbox"/> Plan a getaway |
| <input type="checkbox"/> Take photographs | <input type="checkbox"/> Watch TV | <input type="checkbox"/> Pamper myself with a new haircut or massage |
| <input type="checkbox"/> Write in a journal | <input type="checkbox"/> Watch my favorite old movie | |
| <input type="checkbox"/> Create art/something new | <input type="checkbox"/> Spend time outdoors | |

4. Activate my support network by contacting the following family members, friends, community or professional supports, and/or emergency numbers.

Type of Support Resource	What/Who <i>Specific names, agencies, locations</i>	Contact Number <i>Best ways to reach them</i>	What I Need Them to Do <i>Ex. Listen, help make doctor's appt., store gun until crisis passes</i>
Personal Resources			
Family/Trusted Adult			
Family/Friend			
Family/Friend			
Community Resources			
Emergency	Hospital/Police	9-1-1, ask for CIT Officer	
Hotline	National Suicide Prevention Lifeline	1-800-273-TALK(8255)	
Resources	Information & Referral	2-1-1	
Counselor/Therapist			
Case Manager			
Crisis Unit/Hospital			
Primary Care Doctor			
Other Resources			
Healthy, Safe Place			
Healthy, Safe Place			

5. Keep my surroundings safe by working through the following checklist:

- Remove firearms from my home and/or places I visit frequently (or have others remove them)
- Make sure other means of attempting suicide are out of reach and safely stored (or have others remove them)
- Do not use drugs or alcohol
- Do not engage in reckless activities (e.g. risky driving, promiscuity, etc.)

6. Read my "LINC to Life" statement.

Create one now by asking yourself: What has kept me alive so far? What do I look forward to in the future?

If I have thoughts about killing or harming myself, I agree to go through each step until I am safe.

If I cannot keep myself safe, and I am waiting for help to arrive, I will continue to work through my plan by going back to the item that was MOST helpful today.

Client Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

Congratulations for working hard on this important step in taking care of yourself.