

Safety Plan for Teenagers

Name:	Date:
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Age:	Practitioner:
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Instructions:

Please complete this form with a trusted individual who can assist you in providing accurate and thoughtful responses.

What are the warning signs or feelings that I might self-harm?

Are there any physical or mental things you're going through?

Is there anything I can do to keep myself safe?

Can you distract yourself, throw away your blades, or ask for help?

What coping strategies would I like to try?

This could be something that has helped before or something new you want to try. It could be doing some exercise, drawing or coloring, writing down your feelings, taking a nap, listening to music, tidying your room to keep your mind busy - whatever works for you

If my best friend was feeling like this, what would I say to them?

Try and apply it to yourself now. Think of something positive you can tell yourself right now ("This feeling won't last forever, I've survived 100% of my bad days so far, I've got this - I can get through this")

What would calm me down or be helpful?

What is one thing that is important to me and worth living for right now?

Who can I speak to and ask for help right now? Who can I call that will be able to distract me?

Friend	
Family member	
Teacher	
Helpline	

Where is my safe place that I can go to in an emergency? How can I safely get there? What do I need to take with me?

Phone, medication, etc.

Additional notes

Practitioner notes