

Safety Plan for Teenagers

Name:	Date:
Age:	Practitioner:
<u>Instructions:</u> 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?	
<i>Are there any physical or mental things you're going through?</i>	
Is there anything I can do to keep myself safe?	
<i>Can you distract yourself, throw away your blades, or ask for help?</i>	
What coping strategies would I like to try?	
<i>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</i>	

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