

## **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 plan 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.

**1. My “LINC to Life” statement.**

Ask yourself: What have I done to keep myself safe/alive? What do I look forward to in the future?

\_\_\_\_\_

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

Read: “When I feel \_\_\_\_\_ [fill in], and think I don’t have options, or ways to deal with what’s happening in my life, my safety plan can remind me that **I am not alone** and **can get through this**. I do have ways to cope and people in my life that care about me and want to support me. Following this plan can help me to do things that **keep me safe** and help others understand what I may need.”

**3. Be aware of warning signs, triggers, or stressful events that tell me when I feel that I am in a crisis and it’s time to use my safety plan.**

<input type="checkbox"/> Health Problems	<input type="checkbox"/> Cry a lot	<input type="checkbox"/> Anniversary of trauma
<input type="checkbox"/> Change in appetite	<input type="checkbox"/> Intense worry/anxiety	<input type="checkbox"/> Death of someone close
<input type="checkbox"/> Change in sleep	<input type="checkbox"/> Get lost in thought	<input type="checkbox"/> Divorce
<input type="checkbox"/> Isolate/close off from others	<input type="checkbox"/> Think “I can’t cope”	<input type="checkbox"/> Relationship break-up
<input type="checkbox"/> Missed Medications	<input type="checkbox"/> Feel angry/aggressive	<input type="checkbox"/> Family Arguments
<input type="checkbox"/> Missed doctors’ appointments	<input type="checkbox"/> Feel humiliated/ashamed	<input type="checkbox"/> Scolded/screamed at
<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Feel restless, fidgety	<input type="checkbox"/> Financial/legal problems
<input type="checkbox"/> Increase use of alcohol/drugs	<input type="checkbox"/> Feeling overwhelmed	<input type="checkbox"/> Difficulty in work
<input type="checkbox"/> Forgetfulness/brain fog	<input type="checkbox"/> Feeling more sensitive	<input type="checkbox"/> Difficulty in school
<input type="checkbox"/> Overreact to minor things	<input type="checkbox"/> Increased microaggressions from others	<input type="checkbox"/> Too many responsibilities
<input type="checkbox"/> Other:		

**4. Things I can do on my own or with others that may help me feel better or distract me from negative thoughts and feelings, including activities and places I can go.**

<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"/> Contact support	<input type="checkbox"/> Get a new haircut or massage
<input type="checkbox"/> Write in a journal	<input type="checkbox"/> Setting/working on goals	<input type="checkbox"/> Spend time outdoors
<input type="checkbox"/> Create art/something new	<input type="checkbox"/> Listen to music	<input type="checkbox"/> TV/Movie/YouTube/TikTok, etc.
<input type="checkbox"/> Other:		

5. **People who I can call for support, including family members, friends, community or professional supports, and emergency numbers.**

Personal	Name	Contact Number	What I need for support (Listener, safety plan, etc.)
Trusted Person			
Trusted Person			

Community Support	Name	Contact Number	What I need for support
Counselor/Therapist			
Case Manager			
Care Coordinator			
Primary Care Doctor			
Crisis Unit/Hospital			

Emergency Services	Name	Contact Number	What I need for support
Police/Ambulance	<b>Request CIT officer</b>	9-1-1	
Crisis Hotline	988 Suicide and Crisis Lifeline	988 Text HOME to 741741	
Mobile Crisis			
Hotline	Call Trevor (LGBTQ)	1-866-488-7386 or Text "START" to 678-678	
Hotline	Call BlackLine (BIPOC/LGBTQ+)	1-800-604-5841	
Hotline	Trans Lifeline (LGBTQIA+ safe)	1-877-565-8860	
Hotline	National Domestic and Sexual Violence Hotline	Text "START" to 88788 or call 1-800-799-7233	
Hotline	National Sexual Assault	1-800-656-4673	
Hotline	National Runaway Safeline	1-800-786-2929 (or text)	
Hotline	Veterans Crisis Hotline	Text 838255 or call 988 then press 1	
Resources	Information and Referrals	2-1-1	
Other:			

**Healthy or safe place I can go to.**

Healthy/Safe Place (community center, coffee shop, park)	Address	What I need (Meditate, Read, etc.)

**6. Things to keep me safe:**

- ☐ Remove firearms from my home and/or places I visit frequently (enlist help)
- ☐ Remove other means (dangerous medications or sharp objects) of attempting suicide (enlist help)
- ☐ Do not use drugs or alcohol
- ☐ Do not engage in other risky behaviors (reckless driving, unsafe sex, extreme sports, etc.)

**If I have thoughts about killing or harming myself, I plan 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** \_\_\_\_\_

**Therapist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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