

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 _____, 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"/> Intense emotional pain | <input type="checkbox"/> Feeling rejected by peers/others | <input type="checkbox"/> Constant worry/anxiety |
| <input type="checkbox"/> Thinking “I can’t cope” | <input type="checkbox"/> Overwhelmed/too many responsibilities | <input type="checkbox"/> Crying a lot |
| <input type="checkbox"/> High expectations/pressure | <input type="checkbox"/> Lost in thought/spacey or cloudy | <input type="checkbox"/> Feeling angry/aggressive |
| <input type="checkbox"/> Feeling humiliated/ashamed | <input type="checkbox"/> Sensitive to comments/criticism | <input type="checkbox"/> Changes in appetite |
| <input type="checkbox"/> Changes in sleep | <input type="checkbox"/> Increased use of alcohol/drugs | <input type="checkbox"/> Wanting to be alone |
| <input type="checkbox"/> Increased emotional reactions | <input type="checkbox"/> Not engaging in daily personal hygiene | <input type="checkbox"/> Identity struggles |
| <input type="checkbox"/> Inconsistent housing | <input type="checkbox"/> Physical signs of stress | <input type="checkbox"/> Future uncertainty |
| <input type="checkbox"/> Other: | | |

| | | |
|--|---|--|
| <input type="checkbox"/> Family conflict | <input type="checkbox"/> Discrimination/prejudice from others | <input type="checkbox"/> Reminder of trauma |
| <input type="checkbox"/> Family divorce/break-up | <input type="checkbox"/> Miss doctor/therapy appointments | <input type="checkbox"/> Death of a loved one |
| <input type="checkbox"/> Relationship break-up | <input type="checkbox"/> Miss taking medications | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Fights with friends | <input type="checkbox"/> Difficulties in school | <input type="checkbox"/> Family financial problems |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Community violence | <input type="checkbox"/> Legal problems |
| <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"/> Positive affirmations | <input type="checkbox"/> Exercise | <input type="checkbox"/> Self-care (hair, nails, shop) |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Play instruments (drumming, keyboard) | <input type="checkbox"/> Play sports |
| <input type="checkbox"/> Talk to friends | <input type="checkbox"/> Watch TV/Movie/YouTube/TikTok, etc. | <input type="checkbox"/> Create/refine goals |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Take a relaxing bath/shower | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Read | <input type="checkbox"/> Attend an online support group | <input type="checkbox"/> Create art, draw |

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"/> Journal, write | <input type="checkbox"/> Go to a favorite place | <input type="checkbox"/> Cook/bake |
| <input type="checkbox"/> Sing | <input type="checkbox"/> Volunteer time (community/school) | <input type="checkbox"/> Play with a pet |
| <input type="checkbox"/> Play a game/video game | <input type="checkbox"/> Engage in spiritual activities, pray | <input type="checkbox"/> Go to place of worship |
| <input type="checkbox"/> Rest/sleep | <input type="checkbox"/> Connect with nature/outdoors | |
| <input type="checkbox"/> Other: | | |

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

| Family/Friends | Name | Contact Number | What I need for support (Listener, safety plan, etc.) |
|----------------|------|----------------|---|
| | | | |
| | | | |
| | | | |

| Community Support | Name | Contact Number | What I need for support |
|---------------------|------|----------------|-------------------------|
| Care Coordinator | | | |
| Counselor/Therapist | | | |
| Primary Care Doctor | | | |
| | | | |

| Emergency Services | Name | Contact Number | What I need for support |
|--------------------|---|--|-------------------------|
| Police/Ambulance | Request CIT officer | 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) | |
| Resources | Information and Referrals | 2-1-1 | |

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/safe storage of firearms from home and/or places I go to get help from others, if needed
- ☐ Remove/safe storage of medications and other dangerous things from home and/or places I go
- ☐ 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, I will call a trusted support or crisis services to help me.

As I am waiting for help to arrive, I will continue to work through my plan by going back to the coping strategy that was MOST helpful today.

Youth

Signature_____Date_____

Parent/Caregiver

Signature_____Date_____

Care Coordinator

Signature_____Date_____

☐ All of my preferred supportive adults have been notified of their listing on my plan and how I would like for them to help me should I reach out or should they notice my warning signs