

Safety Plan Training Module

The safety plan is to be used to help clients:

1. Identify coping skills they can use to feel better.
2. Identify persons and important numbers to call when they are not feeling well.
3. Contract for safety.

This plan can be used at any time: Intake, in office, in home, school. The process is as follows:

1. Start encounter in IOS.
2. Work with client to answer the identified questions.
3. Have client and provider sign.
4. Provide client a copy of the safety plan.
5. Maintain a copy of the plan in IOS.

Please closely follow this Module.

Start Encounter:

Please select the
DATE

This box is already
completed

Agreement -check all- -uncheck-	-check all- -uncheck-
Date of Agreement <input type="text"/>	If I feel I am going to harm myself or others, I will call 911. I agree to not harm myself or anyone else. I agree to get rid of things that I could use to hurt or kill myself or others. If I am having suicidal thoughts or homicidal / violent thoughts, <input type="text" value="I will call the FTS 24 hour emergency"/>
There are things that can help you feel better when you're feeling depressed, upset, angry, overwhelmed or anxious -check all- -uncheck-	Coping Skills -check all- -uncheck-
<i>Please select one or more of the activities from the COPING SKILLS section that have worked for you, and that you believe would be the most helpful.</i> <input type="text" value="If there are other things that work well"/>	<input type="checkbox"/> Write a letter <input type="checkbox"/> Make a positive statement about myself every day <input type="checkbox"/> Read a book <input type="checkbox"/> Go outside and enjoy nature <input type="checkbox"/> Paint, draw, color <input type="checkbox"/> Walk on the beach <input type="checkbox"/> Write in a journal <input type="checkbox"/> Watch TV <input type="checkbox"/> Take my medication (As prescribed) <input type="checkbox"/> Talk to a relative <input type="checkbox"/> Talk to a friend <input type="checkbox"/> Go for a walk <input type="checkbox"/> Attend a support group <input type="checkbox"/> Listen to music <input type="checkbox"/> Have a snack

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completed

Ask client if any of these
activities are helpful coping
skills

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If client has a coping skill not listed in other section, select checkbox and document here

Name of family, friend or other person client can call when in crisis, Please document

Phone number of family, friend or other person client can call when in crisis, Please document

The screenshot shows a digital form with two main sections: 'Personal Plan for Coping' and 'Contact Information'.
- **Personal Plan for Coping**: Includes a header with '-check all- -uncheck-' and a checkbox for 'Add your own activity [+ subentries]'. Below is a large text input field. A second section, 'Plan', has a checkbox for 'If I am feeling depressed, upset, angry, frustrated, overwhelmed or anxious, [+ subentries]' and a dropdown menu with the text 'I will use the activities I checked above'.
- **Contact Information**: Includes a header with '-check all- -uncheck-' and a checkbox for 'If I am feeling depressed, upset, angry, frustrated, overwhelmed or anxious, I will call: the following friend, family member or significant other [+ subentries]'. Below is a text input field. A second checkbox is for 'Telephone Number of person(s) listed above. [+ subentries]' with another text input field. A dark grey bar contains the text 'If I am unable to reach that person, I will call the FTS 24 hour emergency phone number: 1-866-539-6993. -check all- -uncheck-'. Below this is a checkbox for '[+ subentries]' with a text input field.
Blue arrows point from the three top text boxes to the corresponding input fields in the form. A red box at the bottom left points to the 'Plan' section, and another red box at the bottom right points to the 'Telephone Number' input field.

This box is already completed

This box is already completed

Please note: Always print and provide the client a copy of this plan.