**STANLEY-BROWN SAFETY PLAN (ADAPTED)**

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| **STEP 1.** Thoughts, feelings, situations, or behaviors that indicate a crisis may be developing: | |
| **School:** | **Home:** |
| **STEP 2.** Activities that soothe me or provide distraction that I can do alone: | |
| **School:** | **Home:** |
| **STEP 3.** People and social settings that provide distraction (include contact information): | |
| **School:** | **Home:** |
| **STEP 4.** People whom I can ask for help (include contact information): | |
| **School:** | **Home:** |
| **STEP 5.** Professionals or agencies I can contact during a crisis (include contact information): | |
| * Suicide & Crisis Lifeline: **9-8-8** (call or text) * Local Mental Health Center: | * Mental Health Provider(s): * Primary Care Physician: |
| **STEP 6.** Ways to make my environment safe and calm: | |
| **School:** | **Home:** |

**The one thing that is most important to me and worth living for is:**