Safety and Care Plan

**Client Name:** \_\_\_\_\_\_\_\_**Date:** 03/30/17

X Copy to client X Copy with clinician

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree that I will not harm myself in any way, attempt suicide, or die by suicide. However, I agree that I will take the following actions if I begin to feel that I am a danger to myself:**

**1) I will remind myself that I can never, under any circumstances, harm myself in any way, attempt suicide, or die by suicide.**

**2) I will call the following numbers if I believe I am in immediate danger of harming myself**

1. Call the Whatcom County Crisis Line 800-584-3578
2. Call 911 to take me to the Emergency Room

**3) I will call the following numbers listed below if I am not in immediate danger of harming myself but I need support to remain safe.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my counselor, Kellie Furlan, MS., knows or has reason to suspect that I may be a danger to myself or someone else she may also call the numbers listed above. I wish for her to tell them the following:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

**Client Name:**

Care Plan

**This care plan is a plan for non-emergent interventions and strategies that I will engage in to help improve and maintain my well-being, especially when I am distressed.**

1. **Engage in (+) ways to calm my body and therefore soothe emotions (be specific)**

**When I feel anxious, I can**

a.

b.

c.

1. **How I will engage in building positive thoughts and mood**

a. Gratefulness Journal d.

b. Taking my medications as prescribed e.

c.

1. Activities to prioritize that help me feel more hopeful and encouraged/Activities where Hopelessness and Discouragement have a harder time getting the best of me:

CLIENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT PRINTED NAME