

PIJ N°: _____

Family name: _____

First name: _____

Date of birth: ____/____/____

Year Month Day

M F

THE SAFETY PLAN

**ARE YOU HAVING, OR DID YOU RECENTLY HAVE, THOUGHTS OF SUICIDE?
IT'S IMPORTANT YOU TAKE THE NECESSARY STEPS TO KEEP YOURSELF SAFE.**

A few basic tips:

- As much as possible, avoid or limit consumption of alcohol or other intoxicant substances;
- As much as possible, avoid situations of conflict and stress.
- Take time for relaxation and leisure activities;
- Surround yourself with people you trust;
- Ask for help as soon as it's needed; don't stay alone;
- Use the safety plan that you developed in collaboration with your caseworker or a significant adult.

Step 1: My alarm signals

Step 2: My solo adaptation strategies

Step 3: My social strategies
