

When Things Feel Like Too Much

CREATING YOUR PERSONAL SAFETY PLAN



BEFORE USING THIS GUIDE

This worksheet is designed for times when you're feeling overwhelmed or struggling to cope.

IF YOU'RE IN IMMEDIATE DANGER

If you're unable to keep yourself safe or you're in immediate danger, call **911** or text **988**.

Before you begin

When emotions are intense, it can be difficult to think clearly. The goal of a safety plan isn't to solve everything—it's to help you slow things down enough to make your next helpful decision.

Complete this worksheet when you're feeling relatively calm so it's available when you need it.



1. EARLY WARNING SIGNS

What thoughts, feelings, physical sensations, or behaviors usually tell me I'm beginning to struggle?

- ☐ Racing thoughts
- ☐ Feeling hopeless
- ☐ Trouble sleeping
- ☐ Irritability
- ☐ Increased anxiety
- ☐ Other: _____
- ☐ Withdrawing



2. WHAT HELPS ME RESET

These don't have to "fix" the situation. Think about what helps lower the intensity, even slightly.

- ☐ Take a walk
- ☐ Journaling
- ☐ Listen to music
- ☐ Spend time outside
- ☐ Take a shower
- ☐ Drink water / eat something
- ☐ Deep breathing
- ☐ Other: _____
- ☐ Grounding exercises



3. PEOPLE I CAN REACH OUT TO

Who helps me feel connected or supported?

Name	Phone



4. MY REASONS TO KEEP GOING

When things are difficult, what reminds me why it's worth getting through today?



5. IF THINGS CONTINUE TO GET WORSE

If my coping strategies aren't enough, I will:

- ☐ Call or text someone I trust
- ☐ Contact my therapist
- ☐ Call or text **988**
- ☐ Go to the nearest emergency department
- ☐ Call **911** if I'm in immediate danger
- ☐ Other: _____



HELPFUL REMINDERS

Things I want to remember during difficult moments:



EMERGENCY RESOURCES

988 SUICIDE & CRISIS LIFELINE

Call or text **988**

Available 24 hours a day, 7 days a week.



EMERGENCY

If you're unable to keep yourself safe or are experiencing a medical or psychiatric emergency, call **911** or go to your nearest emergency department.



MY THERAPIST

Name: _____ Phone: _____