



## No Harm Contract/Safety Plan

I, \_\_\_\_\_, am making a commitment to live. I will **not** harm myself in any way, attempt suicide, or end my life. If I begin to have thoughts of harming myself, I promise to take the following actions:

1. Identify signs that a crisis may be developing, or **identify what is upsetting me**:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
2. Utilize internal coping strategies to **take my mind off things** (without contacting another person), such as relaxation or physical activity:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Contact the following people to **provide me with a distraction**:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
4. Contact the following people for **help**:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. Reach out to a professional, hotline, or **dial 911**:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. Hotline: \_\_\_\_\_ 1-800-273-8255
  - d. Emergency Services: 911
6. Make the environment **safe** by:
  - a. \_\_\_\_\_
7. Think about what is **most important** to me and **worth living** for:
  - a. \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Date: \_\_\_\_\_