

Safety Partnership

I, _____ will partner with my therapist and support team and will commit to keep myself safe to the best of my abilities from _____ to _____. If I feel I can no longer uphold this agreement, I will call _____ at _____. This partnership will be reviewed with _____ on _____.

Coping skills:

If I am feeling distressed, I can:

- 1.
- 2.
- 3.
- 4.
- 5.

Specific Support People in my life can help me through this challenging phase by:

1. Name:
Help by:
2. Name:
Help by:
3. Name:
Help by:

I will also endeavor to remember that this period of distress is temporary and will pass and I have many reasons for enduring, including these things which give meaning and purpose to my life:

- 1.
- 2.
- 3.
- 4.

Client: _____
Therapist: _____

Date: _____
Date: _____