

APPENDIX F

Safety and Comfort Plan

Reprinted from "Safety and comfort plan" by the Professional Practice Office, 2016, Centre for Addiction and Mental Health (CAMH). Reprinted with permission.

Form is intended to capture the client's perspective.

Student name:

Student number:

Date:

1. Who participated in developing this safety plan			
<input type="checkbox"/> Client <input type="checkbox"/> Family	<input type="checkbox"/> Significant Other <input type="checkbox"/> SDM	<input type="checkbox"/> Clinical Staff <input type="checkbox"/> Friend	<input type="checkbox"/> Other
2. What makes me feel safe? <hr/> <hr/> <hr/>			
3. What makes me feel safe? Some things that make me angry, afraid, very upset, or cause me to go into crisis: <hr/> <hr/> <hr/>			
4. How do I know when I am becoming, or in, distress/crisis? My warning signals. <hr/> <hr/> <hr/>			

5. What does it look like when I am in distress or losing control?

What would others see?

6. When I'm in distress/crisis, I need:

7. What activities or coping strategies can I try to calm and comfort myself?

Activities that have helped me feel better when I'm having a hard time:

8. What can others do to help?

Identify who can help and how they can help. Are there other resources that can help?

9. What gets in the way of me using my strategy?

Barriers, obstacles, or situations that impact my ability to apply this safety plan:

10. What would others notice about me when I'm coping effectively?

Things others may notice about me when I am no longer in distress/crisis:

