NEW DAY RECOVERY

Session 8 Handout

My Personal Crisis & Safety Plan



Plan reviewed in Session 8, and reviewed after any crisis and at Week 12. Review it before you need it. Keep a copy where you can find it fast. The plan is written while the mind is clear — so on the hardest day, you do not have to invent one. You follow the one you already wrote. Bring the plan the counselor completed with you — the counselor copy will be in the room.

Before your first group, a licensed counselor completed your assessment, safety plan, and treatment plan. This session reviews and rehearses that plan. It does not replace it, and the facilitator does not read your clinical detail.

The governing copy of your plan is the plan completed with your licensed counselor before your first group. The copies in this workbook, in Appendix A, and in the Session 8 handout are working copies for review and rehearsal — keep them current, and change any step only with your counselor.

Completeness check (without reading clinical detail): cover the written content, confirm in your own words that each step is answered, and ask the facilitator to initial the cover check. The facilitator does not read your clinical detail.

Name: _____ **Date the counselor plan was completed:** _____
Review date: _____

Copy from the plan the counselor completed with you — do not build a plan for the first time here.

Step 1 — My warning signs

(thoughts, feelings, behaviors that tell me a crisis is building):

Step 2 — Things I can do on my own to steady myself

(volume knobs, grounding, movement):

Step 3 — People and places that ground me

(social contact, no problem-solving required):

Person or place	Phone

Step 4 — People I can ask for direct help

Name	Phone

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Name: _____ Date the counselor plan was completed: _____

Step 5 — Professionals and crisis resources

- **Suicide and Crisis Lifeline:** call or text 988 — 24 hours, free
- **Emergency: 911** for immediate danger or a medical emergency

My counselor / care coordinator — Name & phone:

Program / house contact — Name & phone:

My prescriber / clinic — Name & phone:

Step 6 — Making my environment safer

(substances, means of harm, access — what I will move, store, or hand to a trusted person):

My reason for living, in my own words:

The people, hopes, and promises worth staying for:

Signature: _____ Staff initials (cover check only — does not read clinical detail): _____

Review date: _____

In crisis right now? Call or text 988 (Suicide and Crisis Lifeline, 24 hours) • Emergency: 911 • Tell staff now — do not wait alone.