

**Safety Net Plan (R-CR)**

**Time required:** One session.

**Materials required:** Paper and pencil.

**Indications for use:** Use when the primary need is to enhance behavioral coping skills in the Safety and Stabilization stage of trauma recovery.

**Counter-indications:** None.

**Delivery of Approach**

A “Safety Net Plan” is a personalized master plan of what you can do when you feel overwhelmed, out-of-control, helpless-and/or at a loss of what you need to do to find your own safety again. Remember, it is always better to plan ahead than to have to act without a plan in a crisis.

---

## USING THE TOOLS

### Safety Net Plan

This document is to help you to be better prepared for difficult times when they arise throughout the course of your treatment. It will help you to become more self-sufficient and resilient to the daily stressors of being a survivor.

#### *Self-Help Capacities*

You have managed many difficult situations in the past successfully and used different abilities and techniques to do so. Let us inventory some of these abilities and self-soothing techniques (activities that help you calm down) so that you can refer back to them when you need to. Remember, you might want to use one technique after the other until you find one that works.

Self-Soothing techniques (i.e., talking positively with yourself, taking a bath, writing, reading)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Abilities used in the past to manage difficult situations: (i.e., creativity, accepting help, courage, tenacity)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### *Informal Support*

Below you are to list names of friends and family members you feel free to contact when you need help. Establish that your supporters are willing to help (for your own assurance) and tell them how they can best assist you when you are in a crisis. They won't know what you need and don't need unless you tell them. Please make a check mark next to their name after you have talked with them about their willingness to help. Different people have different strengths and might be better at helping in one situation than in another.

Remember it is not the quantity that counts but the quality of your supporter.

Supporter's name	Phone numbers	Their helping strengths
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Note:** This page may be reproduced by the purchaser for clinical use.