



Therapeutic Time, Inc.

Safety Plan

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Client Name: _____ **DOB:** _____

Know When to Get Help: What are the warning signs that you are beginning to struggle with your problem? These can include thoughts, feelings, or behaviors.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Use Coping Skills: What can you do, by yourself, to take your mind off the problem? What obstacles might there be to using these coping skills?

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Reach Out to Social Support: If you are struggling to handle your problem alone, contact trusted family members or friends.

Name

Contact Information

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Seek Help from Professionals If your problem persists, or if you have suicidal thoughts, reach out for professional support:

Local emergency number:

Call 911 for an immediate emergency or crisis.

Palmdale Sherriff:(661) 272-2400 Lancaster Sherriff: (661) 948-8466

My mental health provider: _____

They are available 24/7:

***California Youth Crisis Line- 1-800-843-5200**

***National Suicide Prevention Lifeline- 1-800-273-8255**

***Crisis Text Line: text "home" to 741741**

***LA County Department of Mental Health: 1-800-854-7771**

Talk to someone now in the United States: • Call 988 • If you are deaf or hard of hearing, call 711 then 988 • For online chat, visit <https://988lifeline.org/chat->.

Your signature below indicates that you have read the information in this document and agree to its terms.

_____ In the case of treating a minor: **Sign Below:**
Signature of Client Date

_____ _____
Signature of Parent/Guardian Date Signature of Parent/Guardian Date