

Lisa Reid, LCSW | Essential Connections, LLC

COUNSELING & CONSULTING

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SELF-CARE PLAN

1. People that participate in therapy sometimes experience one or more of the following conditions:
 - Self-harm (thoughts/feelings/behaviors to cut, hit, burn self, etc.)
 - Suicidality (thoughts/feelings/behaviors to end one's life)
 - Aggression (thoughts/feelings/behaviors to yell, break things, threaten, cut, hit, burn others, etc.)
 - Homicidality (thoughts/feelings/behaviors to end someone else's life)
2. If you ever experience such thoughts, feelings, or behaviors, this document is a Self-Care Plan intended to facilitate you in seeking out help and assistance.
3. By signing this document, you are agreeing to the following statements and actions:
 - (a.) I understand that there are people available to help me.
 - (b.) I also understand that getting the help and assistance I need might take some time.
 - (c.) I agree not to do anything to harm myself or others in any way while I am seeking out help and assistance. This includes any kind of overt or passive acts of danger to myself or others.
 - (d.) Overt acts are intentional acts to harm myself or others. Passive acts involve putting myself or others in possible danger, such as not looking when crossing a street or engaging in unprotected sexual activities.
 - (e.) OPTIONAL: (AGREE, DO-NOT-AGREE) I agree to not drink any alcoholic beverages in order to remain mindful of keeping myself and others as safe as possible.
 - (f.) OPTIONAL: (AGREE, DO-NOT-AGREE) I agree to not partake in any illegal drugs or mind-altering substances in order to remain mindful of keeping myself and others as safe as possible.
 - (g.) If, at any time, I should feel unable to resist impulses to self-harm, to act-out aggressively, to engage in suicidal behaviors, or to engage in homicidal behaviors, I agree to do at least one of the following:
 - Call a relative, friend, or sponsor:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
 - Call Behavioral Health Link/GCAL: 800-715-4225
 - Call Ridgeview Institute at 770-434-4567
 - Call Peachford Hospital at 770-455-3200
 - Visit a local Emergency Room
 - Call 911
 - (h.) I also agree to call my therapist, Lisa Reid, at Essential Connections, LLC and tell her. I understand that my therapist will return my call within 48 hours unless otherwise negotiated.
4. This Self-Care Plan begins immediately and will remain in effect for the duration of your therapy with Lisa Reid of Essential Connections, LLC. Your agreement to this plan illustrates your commitment to work through any thoughts, feelings, and behaviors at this time as well as in the future.
5. Your signature below indicates that you have read and understand what is being requested of you, and you agree to uphold this Self-Care Plan without exception.

Recipient of Services (Signature/Date)

Parent/Guardian, if applicable (Signature/Date)

Therapist (Signature/Date)

SELF-CARE PLAN (please keep in your wallet)

- Call a relative, friend, or sponsor:
 - Name: _____ Phone: _____
 - Name: _____ Phone: _____
 - Name: _____ Phone: _____
 - Name: _____ Phone: _____
- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770-434-4567
- Call Peachford Hospital at 770-455-3200
- Visit a local Emergency Room
- Call **911**
- Your therapist, **Lisa Reid, 804-627-2365**