



PEACE OFFICER WIVES OF CALIFORNIA

## **Officer Safety Plan**

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This resource guide is not a substitute for the advice or treatment of a trained professional. This is for spouses by spouses as a peer support resource.

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## VISION STATEMENT

We desire to bring faith-based encouragement, support, mental health awareness, and education to our law enforcement families to help decrease divorce, suicide, depression, and PTSD/I among Peace Officers and their families.

## MISSION STATEMENT

To see law enforcement families thrive in all aspects of their lives.  
Healthy policing begins at home.

## Contact Us



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## **An Officer Safety Plan can support officers and their loved ones**

The stressors that come from the law enforcement lifestyle can take its toll on the mental health of our officers. A safety plan may be necessary to establish when your officer has been thinking about harming themselves or who has attempted suicide. This worksheet was created to help ease the tension and questions that may come with you providing help and support to your officer. It is important for the officer's family members and loved ones to have a copy of the safety plan so they know what to do and where to get help in a crisis.

Safety planning is a collaborative process. Officers who struggle with self-harm or suicidal ideations should work with a loved one, trusted adviser, clinician, or other mental health professional to create a safety plan that is suitable for them.

**This is an Officer Safety Plan of:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**This plan was last updated on:** \_\_\_\_\_

*This Officer Safety Plan is created for use before or during a suicidal or mental crisis. This form should be filled out by or with your officer. Keep this Officer Safety Plan in an area where those who care for her/him can access it and use it as a support. Share this only with family members or friends you trust.*

I would like to share my Officer Safety Plan with the following:  
(Include any e.g., family, friends, co-workers, mental health advisors, medical team)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### **1. Recognizing Warning Signs**

Warning signs that things are starting to feel out of control.

Sometimes these warning signs are connected to my thoughts of suicide, panic attacks, or mental distress:

Thoughts: \_\_\_\_\_

Feelings: \_\_\_\_\_

Behaviors: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Code Words:

A Code Word or a gesture can help communicate with your loved ones when you start to feel uncomfortable or feel a panic attack may happen. Communicating your Code Word, gesture, or short phrase in a crowded area, noisy room, or when you start to feel uncomfortable can be helpful to signal and inform your loved one that you need to step away, feel overwhelmed, or need to remove yourself from the environment that is triggering you.

I will use these Code Words, gestures, or short phrases to communicate when I am feeling uncomfortable, having a panic attack or feeling overwhelmed.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List who, what, where, and how certain environments and/or experiences can trigger the stability of your mental health.

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

## 2. Coping Strategies

Coping strategies can help relieve stress. List some ways your loved ones can assist you.

Fill in the blank:

When I get home after a bad/stressful day at work, I would like to

\_\_\_\_\_.

When I get home after a bad/stressful day at work, I would appreciate some time to

\_\_\_\_\_.

When I get home after a bad/stressful day at work, I may need some help in

\_\_\_\_\_.

These are things that help calm me or distract me from my thoughts:

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

Is there anything that might stand in the way of using these coping skills when I am in crisis?

\_\_\_\_\_  
\_\_\_\_\_

## 3. People, Places or Social Interactions That Provide Peace and Distraction

When my initial coping strategies do not fully resolve the situation.

Create a personalized list of contacts who helps you take your mind off of your problems.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List several people who make you feel better when you socialize with them.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there places you can go (e.g., a coffee shop, beach, relative house) that help you take your mind off your problems?

Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### 4. Supportive Network

Contact the people in your life who care about you, are supportive, and want to help. List in the order of preference.

My Supportive Network:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### 5. Mental/Physical/Spiritual Health

List your mental, physical, and spiritual health contacts.

1. Clinician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Therapist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Primary Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Peer Support Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. Chaplain Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. Clergy Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

7. Other: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Here is a list of my medical prescriptions.

1. \_\_\_\_\_ Treatment for \_\_\_\_\_

2. \_\_\_\_\_ Treatment for \_\_\_\_\_

3. \_\_\_\_\_ Treatment for \_\_\_\_\_

