

S.A.F.E. ALTERNATIVES®

S.A.F.E. Choice



S.A.F.E. Promise

Treatment Participation Agreement

As a member of S.A.F.E. (Self Abuse Finally Ends) ALTERNATIVES® S.A.F.E. Choice™, I recognize that self-injury interferes with all aspects of my life. I promise to use any of the following alternatives when the impulse to self-injure occurs:

1. Impulse Control Log
2. My list of alternatives
3. Contact a trusted person
4. Journal

I promise to not discuss with my peers details of my self-injury.

I promise to not show off my self-injury scars/wounds.

I promise to use the words “self-injury” instead of specific descriptions of injuring.

I promise not to interfere in a negative way with my peer’s treatment.

I promise to alert staff if I am, or I know of a peer who is, thinking of suicide.

Lastly, and most importantly, I promise to work my hardest.

I understand that adhering to these promises will greatly improve my chances of getting the most out of treatment. However, if I struggle with these promises, I agree to be evaluated for a more intense level of treatment, transferred to another program, or discharged.

Patient Signature

Date

Staff Signature

Date

