Crisis Support Plan

FOR: DATE:	
I understand that suicidal risk is to be taken very seriously. I want to help	
Things I can do:	
 Provide encouragement and support 	
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► Help follow his/her Crisis Action Plan	
► Ensure a safe environment:	
1. Remove all firearms and ammunition	
2. Remove or lock up:	
 knives, razors, and other sharp objects prescriptions and over-the-counter drugs (including vitamins and aspirin) alcohol, illegal drugs and related paraphernalia 	
 Make sure someone is available to provide personal support and monitor him/her at all times during a crisis and afterwards as needed. 	;
 Pay attention to his/her stated method of suicide/self-injury and restrict acces to vehicle, rope flammables, etc. as appropriate. 	₹S,
5. Limit or restrict access to vehicle/car keys as appropriate.	
6. Identify people who might escalate risk for the client and minimize their contact with the client	nt.
Provide access to things client identifies as helpful and encourage healthful behaviors such as good nutrition and adequate rest.	5
▶ Other	
If I am unable to continue to provide these supports, or if I believe that the Crisis Action Plan is not help or sufficient, I will contact [name of therapist or therapy practice] immediately and express my concerns	
If I believe is a danger to self or others, I agree to:	
Call [name of therapist or therapy practice and phone number]	
▶ <i>or</i> call 911	
or help get to a hospital.	
I agree to follow by this plan until Support signature:	
Client signature: Therapist signature:	

