**CRISIS SUPPORT PLAN  
Southern Plains Behavioral Health Services**

I understand that suicidal risk is to be taken very seriously. I want to help \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ find ways of managing stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases inpatient hospitalization may be necessary.

In accordance with this safety plan I agree to

1. **Identify potential crises using the warning signs listed below**
2. **Act to prevent a crisis from developing using the means listed below**
3. **Contact emergency services if I feel preventative strategies are not effective**

**I have read and understand the safety plan outlined below:**

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Signature Date

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Signature Date

1. **IDENTIFYING A POTENTIAL CRISIS**

1. List all warning signs (thoughts, images, moods, situations, or behaviors) that a crisis may be developing:

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1. **PREVENTING A CRISIS**
2. Things I will do to take my mind off my problems without contacting another person (relaxation, physical activity)

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1. Things my family/friends will do to provide support before a crisis develops

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1. People and social settings I may contact to provide distraction and support when I feel a crisis may be developing

**People that can help**

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

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

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

Name: Suicide Prevention Lifeline Phone: 1-800-273-TALK (8225)

**Social Settings/Activities that provide distraction**

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ways to make the environment more safe

* Remove all firearms & ammunitions.
* Remove or lock up
  + Knives, razors & other sharp objects
  + Prescriptions & over-the-counter drugs (including vitamins & aspirin)
  + Alcohol, illegal drugs & 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 access to vehicle, ropes, flammables, etc. as appropriate
* Limit or restrict access to vehicle/car keys as appropriate
* Identify people who might escalate risk for the client and minimize their contact with the client
* Provide access to things client identifies as helpful and encourage healthful behaviors such as good nutrition and adequate rest

1. **IF INTERVENTIONS SEEM NOT TO BE WORKING, CONTACT EMERGENCY SERVICES**
2. 911/Emergency services provider
3. Southern Plains Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
   Office Phone Number: 605-842-1465 On Call Phone Number: 605-840-1465
4. Clinician/Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Local Urgent Care Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_