

STABILIZATION SUPPORT PLAN

Things I/we can do to assist _____ :
(Patient's name)

1. Help reduce access to lethal means/make home safer.

We particularly target firearms (the most common method of suicide **death**) and medications (the most common method of suicide **attempt**) until they have recovered.

1a. Reduce access to firearms in the following ways (check one):

Safest Option

- Store all firearms away from home for now (e.g., with family member qualified to possess firearms; at a gun shop, pawn shop, shooting range, self-storage rental, or a police department).

Where? _____

- Store all firearms at home in a way so that the patient has no access (*check all that apply*):
Locked in a tamper-proof safe or lock box that the patient cannot unlock (change the combination or where the key is kept).
Store ammunition locked up and separate from firearms.
Remove a key part of all firearms (bolt, slide, firing pin).
Use cable lock or other external locks for added protection.
- Does this plan apply to all firearms, or will a self-defense or work firearm be stored differently?
Not applicable—no firearms at home.
All firearms stored as described above.
Storage plan for self-defense or work firearm: _____

1b. Reduce access to medications so that what is available to the patient could not do serious harm even if taken all at once:*

- Discard any expired or unused prescription meds, especially for pain (e.g., opioids like oxycodone or fentanyl), sleep, or anxiety.
- Reduce quantities of over-the-counter pain relievers and sleeping pills to safe quantities.* Dispose of or lock up the rest.
- For necessary current prescription meds, limit to safe quantities* and lock up the rest.
- Request that prescriptions be written or filled in quantities that would not cause serious harm even if taken all at once (e.g., weekly or monthly prescriptions instead of 90-day).*
- *Ask a pharmacist or doctor to advise on safe quantities. Let them know about all medications at home.

1c. Reduce access to other suicide methods if patient has indicated they would use them.

Since reducing access to all means of suicide at home is impossible, focus only on those other methods that the patient says they would use or have used before. For example, lock up car keys if the patient thinks about crashing the car or using car exhaust.

For suicide methods that are harder to limit (like cutting, hanging, or suffocation), make a plan that the patient thinks will be helpful (which may involve locking away certain objects or having a support person around more often).

- Not applicable

Plan: _____

1d. Reduce access to objects patient uses for nonsuicidal self-harm (e.g., X-acto blades, blades from razors or make-up pencil sharpeners, and lighters).

- Not applicable

Plan: _____

(continued)

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1e. Add visual, tangible reminders of reasons for living and sources of meaning that the patient suggests could serve as positive cues for resilience in crises.

Not applicable

Plan: _____

2. Things I/we can do to cope differently before providing support for a suicidal crisis:

- _____
- _____
- _____
- _____

3. Specific encouraging/supportive words and actions I/we can choose to use in a crisis:

- _____
- _____
- _____
- _____

4. Additional Considerations:

- People who can provide support and help keep an eye on the patient when needed for extra safety (names):

- People who increase risk for the patient whom I/we will discourage contact (names):

- Things I/we can do to help the patient do that they have identified as life-affirming and healthy (like encourage good nutrition/exercise/sleep habits, fun activities):

If I/we cannot continue to provide these supports, or if I/we believe that the Stabilization Support Plan is not helpful or sufficient, I/we will contact the patient's treatment provider to express concerns.

If I/we believe _____ is an immediate danger to self or others, I/we agree to:

- Call their mental health treatment provider: _____
- Call the 988 Suicide & Crisis Lifeline or contact the Crisis Text Line: text HOME to 741741
- Help them get to a hospital
- Call 911 (in an emergency)

I/we agree to follow this plan until _____

Support signature _____

Support signature _____

Patient signature _____

Provider signature _____