

SAMPLE EDUCATION HANDOUT*

Adding a Pathway to your Treatment Plan

We care about your recovery and want to help you work through this difficult time and find hope. Based on your appointment today, we feel it is important to offer you extra care and attention over the next few weeks.

To do so, we are placing you in a special program we offer to assist people who are having thoughts about suicide. We call it a Pathway. We strongly believe behavioral health services can provide you with useful tools to understand your current suicidal thoughts and help you create changes to where your life seems “livable” again.

This Pathway is meant to help keep you safe while you are working on these life changes.

The following is a list of supports or activities we want to provide for you:

- A plan to get rid of the means or method you might use to hurt yourself. Your family members or a friend may need to help with this.
- Regular check-ins. We hope to have contact with you every few days to make sure you are feeling safe. To do this, we will need your current phone number(s) and an address. Additionally, we’d like to have your permission to contact a family member or friend in case we can’t reach you so we will need their phone and address information as well.
- Notification to your regular primary care physician of the change to your treatment plan.
- An appointment with one of our medical staff to discuss your current medications or adding/changing medications that could help during your recovery.
- A follow up appointment within a week of starting the Pathway.
- If you don’t keep an appointment, we will try to call you. If we can’t reach you immediately, we will continue to call you and your emergency contact. If we still can’t reach you, we may ask someone from our mobile team to check in on you at your residence.
- Information about how to get help 24 hours a day, 7 days a week.
- **Most importantly, we want to help you see there is hope; you can feel better and suicide is not the answer.** We’ll want to involve people close to you - with your permission - so they can understand better what is going on with you and learn how to help.

This information was reviewed with me on _____ (date).

Your Name

Provider Representative

If you are in crisis, call [LOCAL CRISIS NUMBER].

* Adapted from Centerstone “Consumer Handout for Pathway”, personal communication