

# SAMPLE EDUCATION HANDOUT\*

## *Adding a Pathway to your Plan of Care*

We care about you and want to help you through this tough 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 this, 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 want to provide you with useful tools to understand the thoughts you are having and help you make changes so that your life seems “livable” again.

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

### **Here are some supports or activities we want to offer to you and your family:**

- A plan to get rid of the things you might use to hurt yourself. Your family will probably need to help with this.
- Regular check-ins. We plan to talk to 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. We would also like to contact a family member or friend if we can't reach you, so we will need their phone number and address as well.
- An appointment with your doctor or nurse to discuss your current medications and if changing medications could be helpful.
- An appointment within a week of starting the Pathway.
- If you miss an appointment, we will try to call you or your parent. If we can't reach you right away, we will continue to call your emergency contact. If we still can't reach you, we may ask someone to check in on you at your home.
- 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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Provider Representative

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

\* Adapted from Centerstone "Consumer Handout for Pathway", personal communication