

Crisis Response Plan



Purpose: To help me remember what to do when I feel emotionally overwhelmed

Warning signs

Things I will do on my own

Reasons for living

Social support

Crisis/professional assistance



Military/Veterans Crisis Line:

Dial 800-273-TALK (8255), press 1 for military, or text 838255 or live chat at militarycrisisline.net for 24/7 crisis support.

National Suicide Prevention Lifeline:

Dial 800-273-TALK (8255) or live chat at suicidepreventionlifeline.org for 24/7 crisis support.

Crisis Response Plan (CRP) Instructions:

The CRP involves a collaborative plan between the patient and clinician, including (at minimum):

- Semi-structured interview of recent suicidal ideation and chronic history of suicide attempts
- Unstructured conversation about recent stressors and current complaints using supportive listening techniques
- Collaborative identification of clear signs of crisis (behavioral, cognitive, affective or physical)
- Self-management skill identification, including things that can be done on the patient's own to distract or feel less stressed
- Collaborative identification of social support, including friends, caregivers and family members who have helped in the past and who they would feel comfortable contacting in a crisis
- Review of crisis resources, including medical providers, other professionals and the suicide lifeline
- Referral to treatment, including follow-up appointments and other referrals as needed
- Additional steps for management of military service members
 - Interface with command when appropriate
 - Address barriers to care (including stigma)
 - Ensure follow-up during transition
 - Enroll in risk management tracking



Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

Reference: Bryan, C. J., & Rudd, M. D. (2010). *Managing suicide risk in primary care*. New York, NY: Springer Publishing Company.

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