

SAFETY PLANNING

Overview, Brief Instructions, Sample Plan

*Adapted from the Safety Plan Treatment Manual to Reduce Suicide Risk: See Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.
http://www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.pdf

A safety plan is a prioritized written list of coping strategies and sources of support that clients can use during or preceding suicidal crises. The intent of safety planning is to provide a predetermined list of potential coping strategies as well as a list of individuals or agencies that clients can contact in order to help them lower their imminent risk of suicidal behavior. It is a therapeutic technique that provides clients with something more than just a referral at the completion of suicide risk assessment. By following a predetermined set of coping strategies, social support activities, and help-seeking behaviors, clients can determine and employ those strategies that are most effective.

During the suicide risk assessment, the clinician should obtain an accurate account of the events that transpired before, during, and after the most recent suicidal crisis (this may be a suicide attempt or increased/chronic suicide ideation). During this part of the intervention, patients have the opportunity to “tell their story” about the crisis. This description may include the activating events as well as the client’s reactions to these events. This discussion helps to facilitate the identification of the warning signs to be included on the safety plan as well as the identification of specific activities that may have been used to alleviate the crisis.

Consistent with an approach described by Jobes (2006), collaboration is often improved when the clinician and client can sit side-by-side, use a problem solving approach, and focus on developing the safety plan. Given that collaboration and the therapeutic alliance is paramount for developing safety plans and engaging clients in treatment, the safety plan should be completed using a paper form with the patient (see the Safety Plan form on the next page) and corresponding Safety Plan Brief Instructions in the Appendix). Information from the safety plan may then be entered using the computerized template once the session has ended or the safety plan may be scanned into the electronic medical record. In general, safety plans should consist of *brief instructions using the patient’s own words* and should be *easy-to-read*. See the Draft Safety Planning Brief Instructions on the next page adapted from the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008)

Safety Plan: Brief Instructions

Step 1: Recognizing Warning Signs

- Ask "**How will you know when the safety plan should be used?**"
- Ask, "**What do you experience when you start to think about suicide or feel extremely distressed?**"
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the client's own words.

Step 2: Using Internal Coping Strategies

- Ask "**What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?**"
- Ask "**How likely do you think you would be able to do this step during a time of crisis?**"
- If doubt about using coping strategies is expressed, ask "**What might stand in the way of you thinking of these activities or doing them if you think of them?**"
- Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct clients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask "**Who or what social settings help you take your mind off your problems at least for a little while? Who helps you feel better when you socialize with them?**"
Ask clients to list several people and social settings, in case the first option is unavailable.
- Ask for safe places they can go to do be around people, e.g. coffee shop.
- Remember, in this step, suicidal thoughts and feelings are not revealed.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

- Instruct clients to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Ask "**Among your Family or friends, who do you think you could contact for help during a crisis?**" or "**Who is supportive of you and who do you feel that you can talk with when you're under stress?**"
- Ask clients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, clients reveal they are in crisis.
- Ask "**How likely would you be willing to contact these individuals?**"
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

- Instruct clients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask "**Who are the mental health professionals that we should identify to be on that we should identify to be on your safety plan?**" and "**Are there other health care providers?**"
- List names, numbers and/or locations of clinicians, local urgent care services, DMH ACCESS CRISIS LINE 800-854-7771. Suicide Prevention Lifeline 800-273-8255
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

- The clinician should ask clients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.
- For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.
- Restricting the client's access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police.

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Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	
2.	
3.	
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	
2.	
3.	
Step 3: People and social settings that provide distraction:	
1. Name	Phone
2. Name	Phone
3. Place	4. Place
Step 4: People whom I can ask for help:	
1. Name	Phone
2. Name	Phone
3. Name	Phone
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
2. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
3. Local Urgent Care Services	
Urgent Care Services Address	
Urgent Care Services Phone	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) *Call DMH ACCESS CRISIS LINE 800-854-7771	
Step 6: Making the environment safe:	
1.	
2.	
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The one thing that is most important to me and worth living for is:	

