SAFETY PLANNING
Introduction, Sample, and DMH Template and Considerations

*Adapted from the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008). For full instructions see http://www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.doc

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 a suicide risk assessment. By following a pre-determined 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 are 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 Safety Plan: Brief Instructions on the next page adapted from the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008)

According to DMH Policy 302.13, Section C.3., the Safety Plan shall be developed with the client and significant others to identify and monitor current stressors that may serve as risk factors and identify protective factors and actions to take to reduce the risk factors.

In developing the plan, considerations may include but are not limited to the following considerations:

1. Past suicide attempts and triggers to the attempts.
2. Lethality of past attempts.
3. Access to firearms and assisting the individual and family/friends involved in treatment in planning the removal of immediately available or preferred methods of self-harm.
4. The presence of the risk of modeling, e.g. from exposure to a recent death by suicide event for an adolescent client or a client who has a history of a family member who has died by suicide.
5. Current risk factors/stressors such as age (adolescent), pending incarceration, school, relationships, job, legal or financial processes.
6. Past or current substance use and providing co-occurring substance use services to the client with family inclusion, e.g., recommendation of NAMI/Alanon.
7. Current medical conditions such as pain or psychiatric symptoms that may decrease coping or increase ideation/plans, such as delusions and auditory hallucinations.
8. Initiating psychotherapy and/or psychoeducation to maximizing social, coping, or stress management and/or other indicated skills.
9. Identifying strategies and resources to contact when stressors are mounting through crises.
10. Determining and documenting the level of client and/or significant other engagement in increasing protective factors, reducing identified risk factors and seeking consultation and the notification of the supervisor/Program manager when indicators of insufficient engagement are present.

DMH 4.17 Parameters for the Determination of Insufficient Client Engagement of Adults at Risk for Suicide

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 witting 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 1-800-854-7771; Suicide Prevention Lifeline 1-800-273-8255

☐ 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 _____
4. Suicide Prevention Lifeline: **1-800-273-TALK (8255)***
   DMH ACESS CRISIS LINE: **1-800-854-7771**

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is: