Safety Planning Guide

A Quick Guide for Clinicians

may be used in conjunction with the "Safety Plan Template"

Safety Plan FAQs?

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is brief, is in the patient's own words, and is easy to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.

□ For methods with low lethality,	clinicians may ask patien	its to remove or limit their	access to these
methods themselves.			

□□Restricting the patient's access to a highly lethal method, such as a firearm, should be done by a designated, responsible person – usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

ASSESS the likelihood that the overall safety plan will be used and problem solve with the patient to identify barriers or obstacles to using the plan.

DISCUSS where the patient will keep the safety plan and how it will be located during a crisis.

EVALUATE if the format is appropriate for patient's capacity and circumstances.

REVIEW the plan periodically when patient's circumstances or needs change.

remember: the safet y plan is a tool to engage the patient and is only one part of a comprehensive suicide care plan

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Implementing the Safety Plan: 6 Step Process

Step 1: 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 depressed?"
- □□List warning signs (thoughts, images, thinking processes, mood, and/□or behaviors) using the patient's own words.

Step 2: 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?"
- □□Assess likelihood of use: Ask:□"How likely do you think you would be able to do this step during a time of crisis?"
- □□If doubt about use 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 address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- □□Instruct patients 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 for safe places they can go to be around people (i.e. coffee shop).
- □□Ask patient to list several people and social settings in case the first option is unavailable.
- □ Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- □□Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- □ Instruct patients to use Step 4 if Step 3 does not resolve 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 patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- □ Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- □□Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

- □□Instruct the patients 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 your safety plan?" and "Are there other health care providers?"
- □□List names, numbers and/or locations of clinicians, local urgent care services.
- □□Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- □ Role play and rehearsal can be very useful in this step.

Step 6: Making the Environment Safe

□□Ask patients which means they would consider using during a suicidal crisis.

- □□Ask:□"Do you own a firearm, such as a gun or rifle??"□and "What other means do you have access to and may use to attempt to kill yourself?"
- □□Collaboratively identify ways to secure or limit access to lethal means:□Ask: "How can we go about developing a plan to limit your access to these means?"

Sample Safety Plan

	be developing:	
-	nternal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
ер 3:	People and social settings that provide distraction:	
Name_		
Phone		
Name_		
Phone	<u>. </u>	
Place_		
Place_		
ep 4:	People whom I can ask for help:	
Name_		
Phone		
Name_		
Phone		
Name_		
ep 5:	Professionals or agencies I can contact during a crisis:	
Clinicia	an 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.	Local Urgent Care Services			
	Urgent Care Services Address			
	Urgent Care Services Phone			
5.	Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)			
Ste	ep 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:				