Exercise

Professional Version | US English

Safety Plan

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Description

Safety plans as a brief clinical intervention have a long history amongst people working with victims of domestic violence (e.g. Glander et al, 1998) and child abuse (e.g. Lipovsky et al, 1998). Amongst mental health professionals working with suicidal patients, safety plans are considered an important component of a comprehensive treatment plan: the intent of a safety plan is to help patients to lower their imminent risk of suicidal behavior. Henriques and colleagues (2007) describe a safety plan as:

"a hierarchically arranged written list of coping strategies, developed collaboratively by the patient and therapist, which the patient can do if a crisis situation arises. At a minimum, the safety plan should include the telephone numbers of (a) social supports, (b) the therapist, (c) the on call therapist, (d) a local 24-hour emergency psychiatric center, and (e) other local support services that handle emergency calls. It should clearly communicate to patients that appropriate professional help is accessible in a crisis and, when necessary, make clear to patients how that help can be accessed... the patient and therapist collaboratively work to develop specific coping strategies, such as coping cards, relaxation techniques, social supports, and the construction of a "hope kit" that can all be incorporated into a safety plan."

There is emerging evidence that developing a safety plan is an effective intervention for reducing suicide risk. Stanley and colleagues (2008) published a manual describing their Safety Planning Intervention (SPI), stating that it takes approximately 20-45 minutes to complete. It provides patients with a specific and prioritized set of coping strategies which can be used in the event of a suicidal crisis, or should suicidal thoughts emerge. In a trial of 1640 patients presenting at emergency departments for a suicidal crisis, 454 were offered standard care and 1186 were offered standard care plus SPI. The SPI was associated with decreased suicidal behavior and improved subsequent engagement with professional services (Stanley et al, 2018).

It is important to note that safety planning is only one component of care for patients who are suicidal. Other important aspects of care include: comprehensive risk assessments, evidence-based pharmacological and psychological treatment, and (if necessary) hospitalization. Clinicians unfamiliar with safety planning should note that it differs from a 'no-suicide contract' (a written or verbal agreement between the clinician and patient requesting that the patient refrain from engaging in suicidal behavior). Empirical evidence that no-suicide contracts prevent suicidal behavior is poor (Stanley & Brown, 2012; Rudd, Mandrusiak, & Joiner, 2006) and there is concern that no-suicide contracts may lead patients to withhold information about their suicidal intentions (Rudd et al, 2006; Shaffer & Pfeffer, 2001).

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Instructions

Suggested Question

It sounds like things have been extremely difficult recently. Being in a crisis can feel scary and overwhelming, so it's important that you know how to keep yourself safe when you feel at risk. I think it would be helpful if we wrote a safety plan together. This plan will help you recognize when you need to stay safe and how you can get through the crisis. Can we fill in this together?

The *Safety Plan* exercise is best developed colaboratively with patients following a comprehensive suicide risk assessment. Clinicians unfamiliar with safety planning are strongly advised to seek appropriate training and supervision.

This exercise can be completed in-session, and the clinician can use the attached prompt sheet to help them in guiding the patient through the following components:

Step 1. Recognizing triggers and warning signs.

Rationale: It is a helpful intervention to identify the signs which immediately precede a suicidal crisis. These might include situations, thoughts, images, thinking styles, mood, or behavior. They should be recorded using the patient's own words.

Suggested Questions

- *How will you know when the safety plan should be used?*
- *What do you experience when you start to think about suicide or feel extremely distressed?*

Step 2. Using internal coping strategies.

Rationale: It is a useful therapeutic intervention to have patients try to cope on their own with their suicidal feelings, even if it is for a brief time. Identify: (i) coping strategies, (ii) the likelihood of using these strategies, (iii) barriers & problem solving.

Suggested Questions

- *What can you do on your own if you become suicidal, to help you not to act on your thoughts or urges?*
- *What activities could you do to take your mind off your problems, even if it is for a brief period of time?*
- *How likely do you think you would be able to do this step during a time of crisis?*

If the client expresses doubt about using coping strategies:

- *What might stand in the way of you thinking of these activities or doing them if you think of them?*

Step 3. Using social contacts who may distract from the crisis.

Instruct patients: To use Step 3 if Step 2 does not resolve the crisis or lower their risk.

Rationale: Socializing with friends or family members without explicitly informing them of their suicidal state may assist in distracting patients from their problems. A suicidal crisis may be alleviated if an individual feels connected with others. Ask patients to list several people and social settings, in case the first option is unavailable.

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Suggested Questions

- *Who helps you take your mind off your problems, even for a little while?*
- *Where can you go where you'll have the opportunity to be around people in a safe environment?*

Step 4. Social contacts for assistance in resolving suicidal crises.

Instruct patients: To use Step 4 if Step 3 does not resolve the crisis or lower their risk.

Rationale: This step is distinguished from the previous step in that patients explicitly identify that they are in a crisis and need support and help. The people identified may not be the same as those identified in Step 3. Ask patients to list several people, in case they cannot reach the first person on the list. This step is not mandatory if the patient is uncomfortable sharing the plan with friends / family.

Suggested Questions

- *Among your family or friends, who do you think you could contact for help during a crisis?*
- *Who can you contact if you're struggling?*
- *What would you tell them?*
- *How likely would you be to contact these individuals?*

If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5. Professionals and agency contacts to resolve suicidal crises.

Instruct patients: To use Step 5 if Step 4 does not resolve the crisis or lower risk.

Rationale: Patients are instructed to contact a professional or agency if the previous strategies have not been effective in resolving the crisis. List names, numbers and/or locations of clinicians, local urgent care services, including out-of-hours services.

Suggested Questions

- *Which mental health professionals should we identify to be on your safety plan?*
- *How likely would you be to contact these services?*

If doubt is expressed identify potential obstacles and problem solve ways to overcome them.

Step 6. Risk reduction / means safety.

Rationale: Suicide risk is amplified if a patient reports a specific plan to kill themselves that involves a readily available lethal method. Even if no specific plan is identified, a key component in a safety plan involves **collaboratively** eliminating or limiting access to potentially lethal means in the patient's environment. For methods with low lethality, clinicians may ask clients 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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Suggested Questions

- *What means do you have access to and are likely to use to make a suicide attempt or to kill yourself?*
- *How can we go about developing a plan to limit your access to these means?*

Step 7. Implementation of the safety plan.

Rationale: After the safety plan has been completed the clinician should assess the patient's reactions to it, and the likelihood that they will use the safety plan. If the patient reports (or if the clinician determines) that they are reluctant or ambivalent to use it, the clinician should collaboratively identify and problem solve barriers to using the safety plan effectively. Clinicians might consider using motivational-interviewing style questions such as "*You said that you were about 5/10 likely to use the plan. What would have to happen to move it to 7/10?*". Once patients indicate that they are willing to use the safety plan during a crisis they are given the original document and a copy is kept in their clinical notes.

Suggested Questions

- *How likely is it that you will use the safety plan when you notice the warning signs we have discussed?*
- *Can you rate on a scale from 0 to 10 how likely you are to use this safety plan when you notice the warning signs?*

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Safety Plan

If you struggle with suicidal thoughts or urges then complete this form with a mental health professional.
The goal is to develop a plan you feel confident using in a crisis.

① Warning signs

How will you know when the safety plan should be used?

Things I can do to distract myself and cope...

② ...on my own

- If you become suicidal *what can you do on your own* to help you not to act on your thoughts or urges?
- What activities could you do to take your mind off your problems, even if it is for a brief period of time?

③ ...with other people / socially

- Who helps you take your mind off your problems, even for a little while?
- What people or places can help you to distract yourself from suicidal thoughts or urges?

People who I can ask for help during a crisis:

④ Friends & family

- Among your family or friends, who do you think you could contact for help during a crisis?
- What would you need to tell them?

⑤ Professionals and services

- Which mental health professionals should we identify to be on your safety plan?
- Which services might be able to help if you are having a crisis?

⑥ Making my environment safe

- What things do you have access to – and might use – to end your life?
- What can we do to limit your access to these things?

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Safety Plan

If you struggle with suicidal thoughts or urges then complete this form with a mental health professional.
The goal is to develop a plan you feel confident using in a crisis.

① Warning signs

How will you know when the safety plan should be used?

When something is not going to plan and I feel overwhelmed I want to end it all.
When I start thinking about taking an overdose or hurting myself with a knife.
If I'm not leaving the house, and I'm dwelling on it for days.
If I can't distract myself from these thoughts.

Things I can do to distract myself and cope...

② ...on my own

- If you become suicidal *what can you do on your own* to help you not to act on your thoughts or urges?
- What activities could you do to take your mind off your problems, even if it is for a brief period of time?

I could do an exercise video on YouTube.
I could call a friend and talk about something else.
I could use my senses – holding something that makes me feel safe (my favorite pillow) or looking through my favorite photo album.
I could do a breathing exercise – slowing down my breath and focusing on the movement of my chest.
Go for a walk.
Look at some of the nice letters from my best friend who really understands me.

③ ...with other people / socially

- Who helps you take your mind off your problems, even for a little while?
- What people or places can help you to distract yourself from suicidal thoughts or urges?

I could go to my boyfriend's house.
I could visit my neighbor.
I could call my best friend.
I could call a friend and talk about something else.
I could walk my dog and talk to other dog walkers about their dogs.
Go to an exercise class.
Sit in a cafe and read something uplifting.

People who I can ask for help during a crisis:

④ Friends & family

- Among your family or friends, who do you think you could contact for help during a crisis?
- What would you need to tell them?

Call my brother or my mum.
Call my best friend Kathy from work.

⑤ Professionals and services

- Which mental health professionals should we identify to be on your safety plan?
- Which services might be able to help if you are having a crisis?

My therapist.
My GP / primary care physician.
Go to the emergency room if I can't keep myself safe.

⑥ Making my environment safe

- What things do you have access to – and might use – to end your life?
- What can we do to limit your access to these things?

Give any medication I have stockpiled to the pharmacy.
Give my guns to a friend that I can trust.
Get rid of sharp objects like knives and razors.

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