

Exercise
US English

Safety Plan



Safety Plan

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, Beck & Brown (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, Brown, Karlin, Kemp & VonBergen published a manual describing their Safety Planning Intervention (SPI) in 2008, 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 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).

Instructions

The *Safety Plan* exercise is best completed with patients following a comprehensive suicide risk assessment. It is most effective for clinicians to adopt a collaborative stance when completing a safety plan. The *Safety Plan* exercise can be completed in-session, and the clinician can use the attached prompt sheet to help them in guiding the patient through components of (i) recognizing triggers and warning signs, (ii) using internal coping strategies, (iii) using social contacts as distraction, (iv) contacting friends and family for help during a crisis, (v) contacting professionals to resolve a crisis, (vi) reducing access to lethal means, (vii) checking the likelihood that the patient will be able to implement the safety plan.

References

- Glander, S., Moore, M., Michielutte, R., & Parsons, L. (1998). The prevalence of domestic violence among women seeking abortion. *Obstetrics & Gynecology*, 91(6), 1002-1006.
- Henriques, G., Beck, A. T., & Brown, G. K. (2003). Cognitive therapy for adolescent and young adult suicide attempters. *American behavioral scientist*, 46(9), 1258-1268.
- Lipovsky, J. A., Swenson, C. C., Ralston, M. E., & Saunders, B. E. (1998). The abuse clarification process in the treatment of intrafamilial child abuse. *Child Abuse & Neglect*, 22(7), 729-741.
- Rudd, M. D., Mandrusiak, M., & Joiner Jr, T. E. (2006). The case against no-suicide contracts: The commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology*, 62(2), 243-251.
- Shaffer, D., & Pfeffer, C. R. (2001). Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(7), 24S-51S.
- Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). *Safety plan treatment manual to reduce suicide risk: Veteran version*. Washington, DC: United States Department of Veterans Affairs, 12.
- Stanley, B., & Brown, G. K. (2012). Safety planning intervention: a brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264.
- Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., ... & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, 75(9), 894-900.

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 that you could use 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 / 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 means do you have access to – and are likely to use – to make a suicide attempt or to kill yourself?
- What can we do to limit your access to these means?

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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 that you could use 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 sensory grounding, soothing rhythm breathing, and bring to mind what my friend would say.
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 go somewhere public.
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 / 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 means do you have access to – and are likely to use – to make a suicide attempt or to kill yourself?
- What can we do to limit your access to these means?

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

Safety Plan



A safety plan is best developed collaboratively with a patient following a comprehensive suicide risk assessment. Clinicians unfamiliar with safety planning are strongly advised to seek appropriate training and supervision.

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.

Prompts: "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.

Prompts: "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?"

Check: "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.

Prompts: "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.

Prompts: "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?"

Check: "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: 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.

Prompts: "Which mental health professionals should we identify to be on your safety plan?"

Check: "How likely would you be willing 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.

Prompts: "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 then 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.

Prompts: "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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