

SUICIDE SAFETY PLAN

Note to Mental Health Professionals regarding Safety Planning

A suicide safety plan is considered a standard of practice and should be developed in conjunction with a client when the individual is at risk for harm or intent to self-injure or intent to die. The following is a **sample** safety plan for a person who may be at risk for suicidal behaviors, along with a blank form for clinicians' use to customize with clients. Clinicians are encouraged to read the works of Barbara Stanley and Greg Brown who have written and trained extensively on what a Safety Plan should include and how it should be used.

A safety plan is widely used and is an essential technique in many types of mental health service delivery settings, particularly in protecting victims from domestic violence. A suicide safety plan is predicated on advance planning in the event of emergent risk to self, and assists an at-risk person when a psychiatric, emotional or situational crisis may not allow for enough time to think clearly.

A safety plan is in **direct contrast** to a "no-harm 'contract'" or a "no-suicide 'contract.'" The emphasis in a no-harm contract is on what the client should NOT DO; it provides little clarity on what a client can do to be safe. By contrast, a safety plan spells out clearly actions that people at risk for self-harm CAN DO, developed jointly with a counselor, therapist, or interventionist. The key difference is intentionality and clarity about options to remain safe, to obtain safety, and to seek support when one's own self-functioning cannot prevail protectively enough. Because suicide safety planning is considered a standard of care, by contrast a no-harm contract is not and is therefore not likely to be viewed as a protection to legal liability. A clinician shoulders the burden for knowing suicide risk assessment and appropriate intervention techniques, including safety planning, and it is unadvisable to place the burden of responsibility for risk protection on an at-risk person who may be psychiatrically unable to understand or intervene with oneself clearly.

Many authors have written about their approach to planning for safety, and many terms have been offered that are relative to the various needs of the client, such as crisis response plan, self-care plan, and more. The preferred term is Safety Plan, and the Safety Plan can and arguably should include provisions for addressing crisis response and self-care. Here is a summary of what might be included in a Safety Plan:

There may be several components of a safety plan, uniquely customized to match the client's needs. These components are not limited to but may include several specific behavioral ideas developed with the client related to:

Means Restriction

One of the most important interventions in preventing suicide is the removal of means by which the individual may attempt suicide. Firearms are the most prevalently used method to die by suicide, and in certain cultures, guns are widely available. Know what your client's intended means and method are and recommend appropriate means-removal as a part of every Safety Plan.

Soothing distressful feelings

Examples: listen to upbeat music, take a bubble bath, play with my dog, go for a walk, knitting, work out at the gym, etc.

Self-care

Examples: Eat nutritionally, go to bed and wake up at regular hours, have healthy boundaries, practice assertiveness by....., take stress breaks, etc.

Obtaining family support

Examples: confide in a trusted family member about your depression, ask for specific help from a family member such as staying with him or her, talking each day, etc.

Responding to a crisis

Examples: Have your insurance paperwork together in a pre-determined place, list which hospital you prefer to be taken too, names and contact information of family members, names and contact information of physician(s) and therapists, names and contact information for crisis centers and community agencies, etc.

Resources and call centers as needed:

Examples: List of appropriate therapeutic call centers and chat rooms, crisis centers, community support groups and agencies, customized for the client's locale, etc.

Clinicians are advised to review and incorporate professional literature from the field for more information and to customize their formatting and development with their agencies. As mentioned above, Barbara Stanley and Greg Brown provide another model of safety planning which may be found in their copyrighted materials and/or on the internet.

The U.S. military branches, wherein there is currently an alarming high rate of suicide related to but not limited to the Iraq and Afghanistan wars, have provisions for at least three sessions devoted solely to safety planning. These materials presented here developed by Harrington have been developed as a response to her understanding of the culture of mental health services as they exist in her state.

A sample safety plan is provided below, followed by a form that can be copied and used with clients if so desired.

Notes:

Gillian Murphy, Ph.D., Director of Standards, Training, and Practices of the National Suicide Prevention Lifeline: *...we would always use the term "safety plan" ...other terms ... [crisis response plan or self-care plan] are too vague and do not explicitly reference the fact that keeping the individual safe is the primary goal in developing a plan – vagueness is not good. In addition, we would never reference a "safety plan" without explicitly stating the avoidance of anything that resembles a "no harm contract" – so would attempt to eliminate any confusion at the outset.* (September 22, 2010).

This sample was developed in consultation with Dr. Gillian Murphy, Director of Standards, Training, and Practices of the National Suicide Prevention Lifeline, Dr. Madelyn Gould, Epidemiologist and suicide researcher/author with Columbia University, and Dr. David Jobes, researcher and author on suicide, Catholic University, in November, 2010.

SAMPLE SAFETY PLAN FOR SUICIDAL RISK FOR NAME: _____

- Copy to client Copy with clinician

If you are feeling vulnerable, it is advisable that you not be alone. Together with your counselor and your trusted friends or family, we want for you to have some plans for safe and soothing things you could do.

If you are feeling unable to get through a difficult time, then please call the Crisis Center (205-323-7777) or the suicide help line (800-273-TALK), call your doctor or go to the Emergency Room.

Safety Behaviors: List specific behavioral options that are most related to your needs in the event that you are feeling increasingly despondent and suicidal.

I will...(list specific behavior) <i>Examples</i> listed below: Customize one with your client !	Related to Means Restriction	Related to Soothing Feelings	Related to Self-care	Related to Family Support	Related to Using Resources	Related to Crisis or Emergency support
<i>Gun and ammunition removed from house, car, truck, cabin, barn.</i>	√					
<i>Doctor doses prescriptions weekly</i>	√					
<i>Take my dog to play in the park</i>		√				
<i>Call a friend</i>		√				
<i>Eat three meals a day</i>			√			
<i>Avoid drinking caffeine or alcohol</i>			√			
<i>Avoid lonely times, go to my sister's</i>				√		
<i>Spend the night at my cousin's house</i>				√		
<i>Go to bipolar support group</i>					√	
<i>Call my sponsor, or go to a meeting</i>					√	
<i>Call local crisis center or NSPL 800-273-TALK (8255) or 800-SUICIDE</i>						√
<i>Go to my PCD, psychiatrist, ER</i>						√

I agree that if things become difficult for me and I feel that I might hurt myself, I will first attempt to do the soothing things above, call my friends or family, and then, in necessary, call my counselor immediately at his/her phone number _____.

I, my counselor, or the Crisis Center can contact the following person for support or assistance:

Name: _____
Relationship to you: _____
Phone numbers: _____

Name: _____
Relationship to you: _____
Phone numbers: _____

Name: _____
Relationship to you: _____
Phone numbers: _____

Name: _____
Relationship to you: _____
Phone numbers: _____

Name: _____
Relationship to you: _____
Phone numbers: _____

Name: _____
Relationship to you: _____
Phone numbers: _____

***If my counselor is not available,
I will call my local crisis center or 800-273-TALK (8255) or 800-SUICIDE.***

SAFETY PLAN FOR SUICIDAL RISK FOR NAME: _____

- Copy to client Copy with clinician

If you are feeling vulnerable, it is advisable that you not be alone. Together with your counselor and your trusted friends or family, we want for you to have some plans for safe and soothing things you could do.

If you are feeling unable to get through a difficult time, then please call the Crisis Center (205-323-7777) or the suicide help line (800-273-TALK), call your doctor or go to the Emergency Room.

Safety Behaviors: List specific behavioral options that are most related to your needs in the event that you are feeling increasingly despondent and suicidal.

I will...(list specific behavior) Customize your behaviorally specific strategies with your client.	Related to Means Restriction	Related to Soothing Feelings	Related to Self- care	Related to Family Support	Related to Using Resources	Related to Crisis or Emergency support

I agree that if things become difficult for me and I feel that I might hurt myself, I will first attempt to do the soothing things above, call my friends or family, and then, in necessary, call my counselor immediately at his/her phone number _____.

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