

The Safety Plan Intervention for Reducing Suicide Risk

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Disclosure

- ◆ **Dr. Brown has no financial conflicts of interest to disclose.**
- ◆ **To obtain permission to use these slides, please contact:
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Objectives

Participants will be able to:

1. Communicate how to collaboratively develop a Safety Plan
2. Formulate strategies to facilitate use of the Safety Plan

AIM Model

Assess

- Identify and assess risk

Intervene

- Use evidence-based treatments that directly target suicidal behavior

Monitor

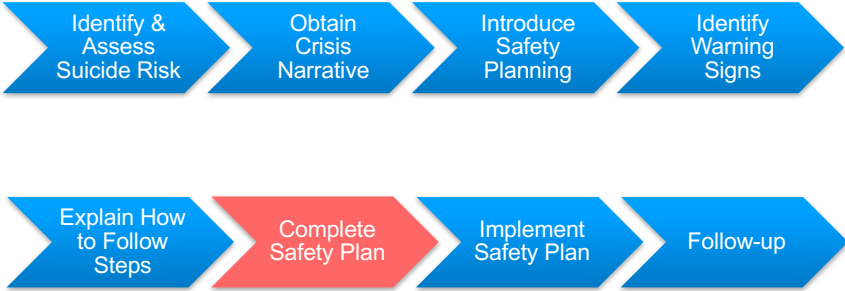
- Provide continuous contact and support

Assess • Identify and assess risk



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Safety Plan Intervention Tasks



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graph LR; A[Identify & Assess Suicide Risk] --> B[Obtain Crisis Narrative]; B --> C[Introduce Safety Planning]; C --> D[Identify Warning Signs]; D --> E[Explain How to Follow Steps]; E --> F[Complete Safety Plan]; F --> G[Implement Safety Plan]; G --> H[Follow-up]
```

Identify & Assess Suicide Risk

Obtain Crisis Narrative

Introduce Safety Planning


Identify Warning Signs

Explain How to Follow Steps

Complete Safety Plan

Implement Safety Plan

Follow-up



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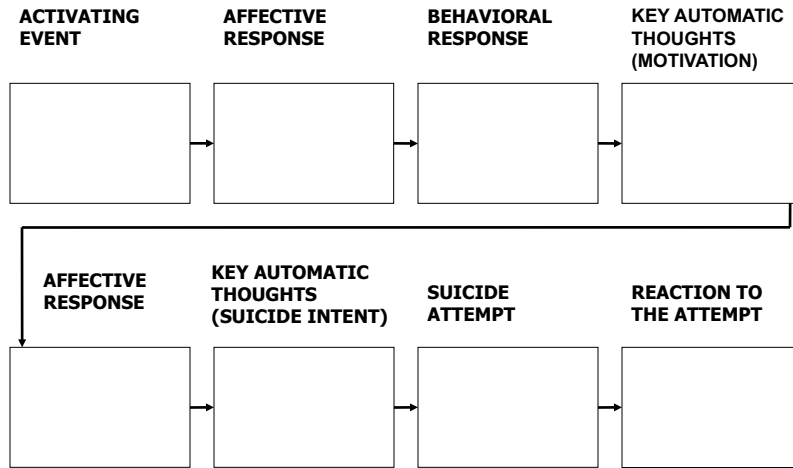
Narrative Description of the Crisis

- ◆ **Obtain a detailed description of the suicidal crisis:**
 - “I would like to hear from your perspective about what happened that led you to think about suicide (or suicide behavior). Tell me about the sequence of the events that occurred and your reactions to these events.
- ◆ **Construct a timeline that indicates the major external events and cognitive, affective, and behavioral factors that were proximal to the suicidal crisis**

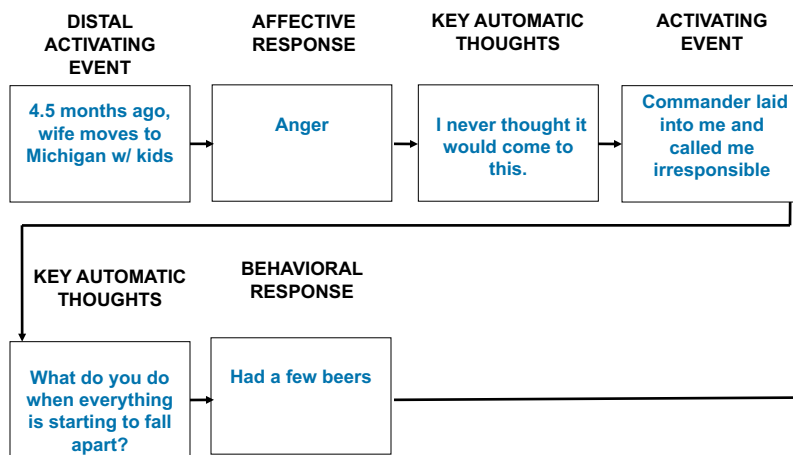
Working Effectively with Suicidal Individuals

- **Be a good listener (do capsule summaries).**
- **Understand the motivations for suicide from the patient’s perspective. Assume the patient is the expert and that suicidal thinking and behavior “makes sense” in the context of his or her history, vulnerabilities, and circumstances.**
- **Empathize/validate the patient’s feelings and desire to reduce emotional pain but maintain that suicide is not a good option. Validate the valid.**

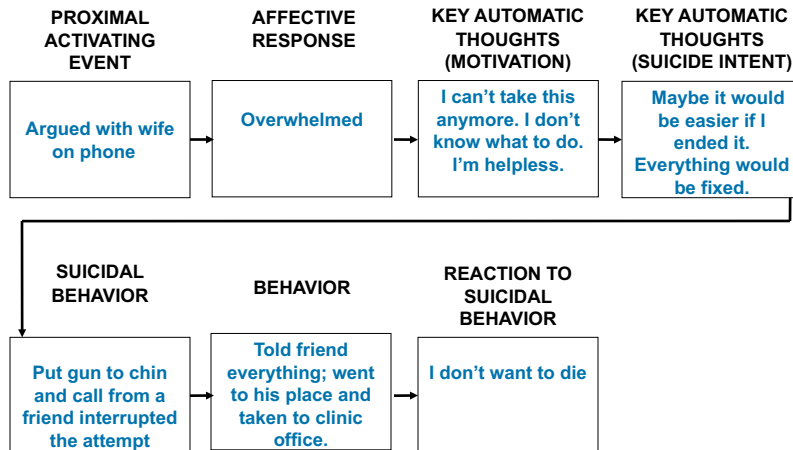
Timeline of Suicide Attempt



Timeline of Suicide Attempt: Example



Timeline of Suicide Attempt: Example



Intervene

- Use evidence-based treatments that directly target suicidal behavior

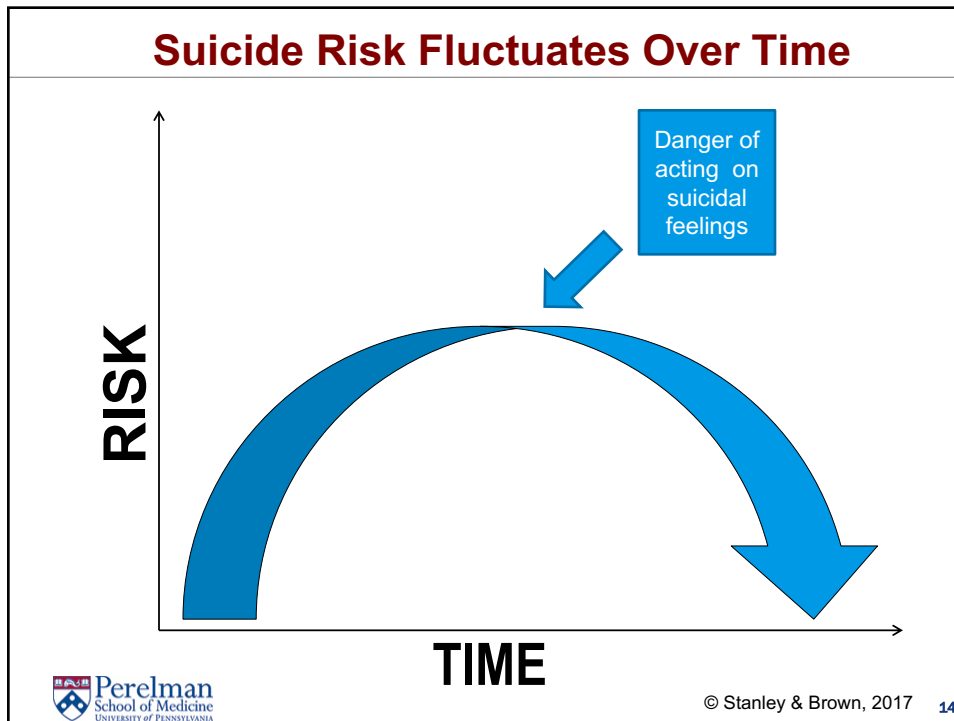
Poll: What type of brief intervention have you used to manage suicidal risk?

- A. Stanley & Brown Safety Plan Intervention**
- B. Other type of safety plan (Crisis Response Plan, Crisis Stabilization Plan)**
- C. Only provide emergency resources and referral information**
- D. No suicide contract**

Safety Planning Intervention


- **Clinical intervention that results in a prioritized written list of warning signs, coping strategies and resources to use during a suicidal crisis**
- ◆ **Safety Plan is a brief intervention (20+ minutes)**
- ◆ **Safety Plan is NOT a “no-suicide contract”**


SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
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.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____
Reproduced with permission (© 2012 Stanley & Brown), www.austinsafepkplan.com Stanley, B. S. Brown, C. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Depression and Behavioral Practice</i> , 18, 208-209.	



Safety Plan Intervention Approach

- Individuals may have trouble recognizing when a crisis is beginning to occur
- Problem solving and coping skills diminish during emotional and suicidal crises
- The clinician and patient work together to develop better ways of coping during crises that uses the patient's own words
- Over-practicing skills using a predetermined set of skills may improve coping capacity




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Fire Safety: Stop, Drop and Roll



How was the Safety Planning Intervention developed?

- ◆ **Developed to maintain safety of high-risk patients in outpatient treatment studies:**
 - Cognitive Therapy for Suicide Prevention (CT-SP), Brown et al. (2005)
 - Treatment of Adolescent Suicide Attempts (TASA), Stanley et al. (2009)
- ◆ **Later expanded as stand-alone intervention in VA, military and civilian health care settings**
- ◆ **Now identified as a Best Practice in the Suicide Prevention Resource Center – American Foundation for Suicide Prevention Registry**

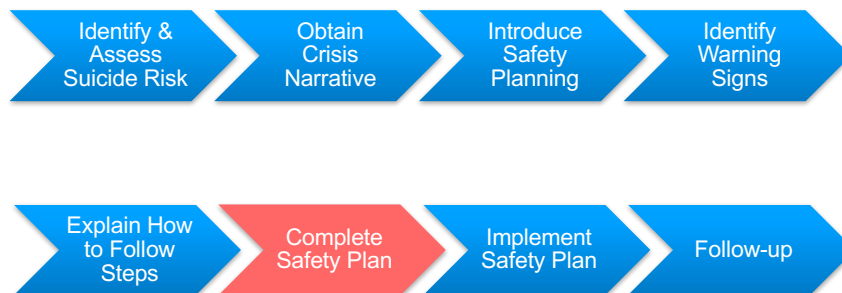


Barbara Stanley, Ph.D.

How do you conduct the Safety Planning Intervention?

Safety Plan Intervention Tasks

The Safety Plan Intervention involves more tasks than simply completing the Safety Plan Form



Introduce the Safety Plan

- ◆ Introduce the safety plan as a method for helping to recognize warning signs and to take action to reduce risk or keep it from escalating.
- ◆ Describe how suicidal thoughts come and go; that suicidal crises pass and that the safety plan helps not act on feelings, giving suicidal thoughts time to diminish and become more manageable.
- ◆ Describe the suicide risk curve
- ◆ Explain how using the strategies enhances self-efficacy and a sense of self control
- ◆ Describe how the development of the plan is collaborative

Identify Warning Signs (STEP 1 on the SPI form)

- ◆ Inform individuals that the purpose of identifying warning signs is to help them to recognize when the crisis may escalate so that they know to refer to their plan and take action to reduce risk.
- ◆ Ask, “What do you experience when you start to think about suicide or feel distressed?”
- ◆ If the warning signs are vague, say, “Let's try to be more specific.” Explain that it is important to be specific so that they are more likely to recognize the beginning of the crisis. Use their words. Help with suggestions from the suicide narrative.

Explain How to Follow the Steps

- ◆ **Explain how to progress through each step listed on the plan. If following one step is not helpful in reducing risk, then go to the next step.**
- ◆ **Explain that if the suicide risk has subsided after a step, then the next step is not necessary.**
- ◆ **Explain that the patients can skip steps if they are in danger of acting on their suicidal feelings.**

Identify Internal Coping Strategies (STEP 2 on the SPI form)

- ◆ **Explain how distracting oneself from the suicidal thoughts helps to lower risk**
- ◆ **Ask “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?” Identify at least 3 specific strategies unless individuals decline.**
- ◆ **Provide suggestions if individuals cannot think of any. Determine whether the strategies are safe and will not increase distress.**

Identify Internal Coping Strategies (STEP 2 on the SPI form)

- ◆ Ask “How likely do you think you would be able to do this during a time of crisis?” or “Is it feasible?”
- ◆ 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 identify alternative coping strategies that are more feasible.

Identify Social Contacts and Social Settings (STEP 3 on the SPI form)

- ◆ Explain that if Step 2 does not lower risk, then go to Step 3
- ◆ Explain that people are generally helpful distractors and that, in this step, you do not inform them that you are suicidal or upset.
- ◆ Ask “Who would help you take your mind off your problems for at least for a little while? “Who helps you feel better when you socialize with them?” Identify at least 2 people.

Identify Social Contacts and Social Settings (STEP 3 on the SPI form)

- ◆ Ask, “Where can you go to be around people to distract you from your suicidal feelings?”
- ◆ For each response, ask, “How likely do you think you would be able to do talk with someone/go somewhere during a time of crisis?” “Is it feasible and safe?”
- ◆ If doubt about use is expressed, ask, “What might stand in the way of you thinking of contacting someone or going to a social setting?” Identify ways to resolve roadblocks or identify alternatives.



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Identify Family Members or Friends (STEP 4 on the SPI form)

- ◆ Explain that if Step 3 does not lower risk, then go to Step 4.
- ◆ 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 or feeling suicidal?” Identify at least 3 people with phone numbers unless individuals decline.
- ◆ Ask, “How likely do you think you would be able to reach out to each person?”
- ◆ If doubt is expressed about contacting others, ask, “What might get in the way of reaching out to this person? Resolve roadblocks or brainstorm others to contact.”



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Identify Professionals and Agencies

(STEP 5 on the SPI form)

- ♦ Explain that if Step 4 does not lower risk, then go to Step 5.
- ♦ Ask “Who are the mental health professionals that we should identify to be on your safety plan? List names and numbers.” Identify ask least 1 professional unless individuals decline.
- ♦ Explain how to contact the National Suicide Prevention Crisis Line (1-800-273-8255)
- ♦ Ask, “Where is the hospital or urgent care setting you can go in an emergency?” List address.
- ♦ Assess the likelihood they will contact each professional, agency, or crisis line; identify potential obstacles, and problem solve.



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Making the Environment Safer

(STEP 6 on the Safety Plan form)

- ♦ If individuals identify a potentially lethal method to kill themselves, such as taking pills, ask, “Do you have access to this method?”
- ♦ Be aware of the potential view that having access to a lethal mean to kill oneself may be a strategy used to cope with crises.
- ♦ Express concern about the patient’s safety.
- ♦ Explain that making the environment safer will help to lower risk of acting on suicidal feelings (delays urge to act on suicidal thoughts)



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Making the Environment Safer

- ◆ **For some patients who attempt suicide, the interval between thinking about and acting on suicidal urges is usually a matter of minutes.**
- ◆ **Always ask about access to firearms regardless of the method or plan to kill oneself. Ask, “Do you have access to a firearm that you would use for protection or for sport?”**
 - If yes, ask about multiple firearms, use of gun safes and locks, storage of ammunition.

Making the Environment Safer

- ◆ **For each lethal method, ask “How can we go about developing a plan to make your environment safer so that you’ll be less likely to use this method to harm yourself?”**
 - “How likely are you to do this? What might get in the way? How can we address the obstacles?”
- ◆ **If doubt is expressed about limiting access, ask,**
 - “What are the pros of having access to this method and what are the cons?”
 - “Is there an alternative way of limiting access so that it is safer?”
 - “What does it mean to you to limit access?”

Implementation of the Safety Plan

- ♦ **Review the steps of the safety plan with the individual and ask about the likelihood of using it.**
 - “What are the barriers that might get in the way of using it?”
 - “Where should keep the safety plan so that you will be more likely to use it?”
- ♦ **Explain that they will receive a copy of the plan and a copy will be retained in their records.**

Monitor

- Provide continuous contact and support

Review and Revision of Safety Plan

- **Determine if the safety plan has been used.**
- **Ask individual to retrieve safety plan for review with you.**
- **Determine what has been helpful and what isn't helpful.**
 - If not, why not? (forgetting to use it, how to use it or where to find it)
- **Always review access to means and whether there is a need to remove means.**
- **Revise plan as indicated---remove unhelpful items, discuss with individual what may be more helpful. Both the clinician and the suicidal individual notes the changes on the plan.**
- **Consider sending the suicidal individual a revised plan if the revisions are extensive.**

Example Questions for Improving Steps

Warning Signs:	Can the warning signs be changed or revised to be more specific so that you will remember to use it? Can you review the Safety Plan on a regular basis so that you will remember to use it? Can the Safety Plan be placed somewhere so that it is more visible and serve as a reminder to use it?
Internal Coping Strategies:	Are there new internal coping strategies that would be more effective or more feasible distractors? Are there any coping strategies listed on your Safety Plan that should be removed because they weren't that helpful?
Social Contacts and Social Settings:	Are there new people or social settings that would be more effective or feasible distractors? Are there some people or social settings listed on your Safety Plan that should be removed because they weren't that helpful?

Example Questions for Improving Steps

Social Support for Help with Crises:	Are there other family members or friends who should be added? Are there people listed on your Safety Plan who should be removed because they were unhelpful or unavailable?
Professionals and Agencies:	Are there other professionals or agencies that should be added or removed? Were there any problems you experienced when you tried to contact a professional or agency for help?
Making the Environment Safer:	Have you been able to make the environment safer by removing or restricting access to anything that could be potentially harmful to you? Do you currently have access to a firearm? Is there anything else that could be done to make your environment safer?

Quality of Safety Plans Makes a Difference

- ◆ **Many safety plans are of poor quality (Gamarra et al., 2015)**
- ◆ **Higher quality plans are related to fewer subsequent psychiatric hospitalizations (Gamarra et al., 2015)**
- ◆ **Suicidal individuals indicated that plans are most helpful when developed as a “partnership” with the clinician (Kayman et al., 2015)**
- ◆ **More complete safety plans are related to outcomes, specifically people and places as distractors predict decreased likelihood of self-harm and suicide attempts (Green et al., 2015)**

“Good” Safety Plan Example

Step 1: RECOGNIZING WARNING SIGNS

- ♦ Flashbacks to [specific location] are increasing
- ♦ Feeling useless and worthless
- ♦ Thinking “Why am I here?”

Step 2: USING INTERNAL COPING STRATEGIES

- ♦ Play puzzle game on cell phone
- ♦ Go on online and reading Facebook entries from my friends and family
- ♦ Read passages from the Bible that are comforting to me

Step 3: SOCIAL PLACES AND CONTACTS TO DISTRACT FROM THE CRISIS

- ♦ Call Friend #1 (name listed)
- ♦ Call Friend #2 (name listed)
- ♦ Go to gym, meet up with gym ‘buddies’ and run on the treadmill

Step 4: FAMILY OR FRIENDS WHO MAY OFFER HELP

- ♦ Father-in-law (name listed), 555-555-5555
- ♦ Father-in-law’s wife (name listed), 555-555-5555
- ♦ Mother-in-law (name listed), 555-555-5555

Step 5: PROFESSIONALS AND AGENCIES TO CONTACT FOR HELP

- ♦ VA mental health provider (name listed), 555-555-5555
- ♦ Social worker (name listed), 555-555-5555
- ♦ Veteran’s Crisis Line, 1-800-273-8255 Press 1

Step 6: MAKING THE ENVIRONMENT SAFE

- ♦ Keep firearm out of house (was given to his wife and then turned over to the police)



Step in the basement if continuing to be aggressive towards wife in sleep

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“Inadequate” Safety Plan Example

Step 1: RECOGNIZING WARNING SIGNS

- ♦ Distractions
- ♦ My children

Step 2: USING INTERNAL COPING STRATEGIES

- ♦ Going hunting
- ♦ Going online

Step 3: SOCIAL CONTACTS AND PLACES THAT CAN DISTRACT FROM THE CRISIS

- ♦ Local bar/restaurant
- ♦ Walking

Step 4: FAMILY OR FRIENDS WHO MAY OFFER HELP

- ♦ Person #1 (name listed) 555-555-5555
- ♦ Dad 555-555-5555
- ♦ Person #2 (name listed) 555-555-5555

Step 5: PROFESSIONALS AND AGENCIES TO CONTACT FOR HELP

- ♦ Social worker (name listed), 555-555-5555
- ♦ Veteran’s Crisis Line, 1-800-273-8255 Press 1

Step 6: MAKING THE ENVIRONMENT SAFE

- ♦ No guns



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Brief Safety Plan Scoring Algorithm (SPISA)

For more detail, refer to ED-SAFE 2.5B: MDP-14 section on "Extraction of Data from Completed Safety Plan Forms", SP Training MDP-15, and slide set "SPISA-Brief Instructions for Use_Slides."

Site: _____ Date: ____/____/____ Source: Patient Role play

Clinician name: _____ Rater name: _____

Scoring: For each line: 0 points if text is **Not Present**; 1 point if response was **Poor**; 2 points if response was **Sufficient**
To compute the total score, sum Column 2 and Column 3 for up to a maximum of 36 points

SPISA-Brief (Brief Safety Plan Scoring Form)	No Text present (0 pts)	Text Present: Poor response (1 pt each)	Text Present: Sufficient Response (2 pts each)
<i>Select one score for each line:</i>			
Step 1: Warning Signs, Row 1 is any text present?	0	1	2
Step 1: Warning Signs, Row 2 is any text present?	0	1	2
Step 1: Warning Signs, Row 3 is any text present?	0	1	2
Step 2: Internal Coping Strategies, Row 1 is any text present?	0	1	2
Step 2: Internal Coping Strategies, Row 2 is any text present?	0	1	2
Step 2: Internal Coping Strategies, Row 3 is any text present?	0	1	2
Step 3: Social Contacts, Row 1 is any text present in present?	0	1	2
Step 3: Social Contacts, Row 2 is any text present in present?	0	1	2
Step 3: Social Locations, Row 3 is any text present in present?	0	1	2
Step 3: Social Locations, Row 4 is any text present in present?	0	1	2
Step 4: Social Contacts for a Crisis, Row 1 is any text present?	0	1	2
Step 4: Social Contacts for a Crisis, Row 2 is any text present?	0	1	2
Step 4: Social Contacts for a Crisis, Row 3 is any text present?	0	1	2
Step 5: Professionals for a Crisis, Row 1 is any text present?	0	1	2
Step 5: Professionals for a Crisis, Row 2 is any text present?	0	1	2
Step 5: Professionals for a Crisis, Row 3 is any text present?	0	1	2
Step 6: Making the Environment Safe, Row 1 is any text present?	0	1	2
Step 6: Making the Environment Safe, Row 2 is any text present?	0	1	2
Subtotal for each column:	SUBTOTAL (None)	SUBTOTAL (Poor)	SUBTOTAL (Sufficient)
Total quality score (Column 2: Subtotal POOR + Column 3: Subtotal SUFFICIENT) =			

Finally, select one of the following ratings for overall quality of the safety plan as a global impression:

0= Poor 1-1	2= Mediocre 1-2	3= Satisfactory 1-3	4= Good 1-4	5= Excellent 1-5
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Additional comments:



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What is the evidence supporting the Safety Planning Intervention?



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SAFE VET Team



Sponsors:

- Mental Health Services, Department of Veterans Affairs
- Material Operational Medicine Research Program, U.S. Army, Department of Defense

SAFE VET PIs:

- Lisa Brenner, Ph.D.
- Gregory K. Brown, Ph.D.*
- Glenn Currier, M.D.*
- Marjan Holloway, Ph.D.
- Kerry Knox, Ph.D.*
- Barbara Stanley, Ph.D.*

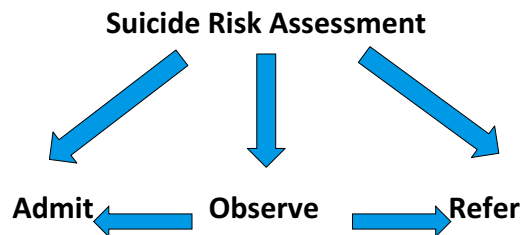
* SAFE VET Acute Services Coordinators

- SAFE VET Clinical Demonstration Project Executive Committee

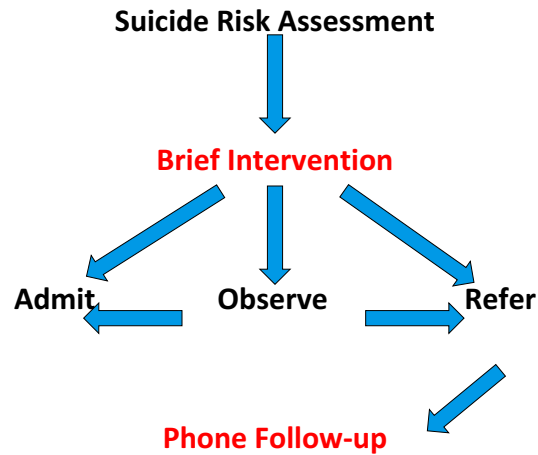
Data Analysis Support:

- Kelly L. Green, Ph.D.
- Warren Bilker, Ph.D.
- Hanga Galfalvy, Ph.D.

Traditional ED Strategy



SAFE VET: Revised ED Strategy



Effectiveness Data: SAFE VET

- ◆ Safety Plans administered in the ED to in the VA to patients who were experiencing a suicidal crisis but did not require hospitalization (moderate risk)
- ◆ Structured Follow up phone calls to assess risk and review and revise the safety

Knox, K., L., Stanley, B., Currier, G., Brenner, L., Holloway, M., & Brown, G.K. (2012). An emergency department based brief intervention for Veterans at risk for suicide (SAFE VET). *American Journal of Public Health*. 102 suppl(1): S33-7, 2012

SAFE VET Intervention

- ◆ **Structured Follow up Phone Calls by the project clinician who conducted the Safety Plan Intervention:**
 - Assess suicide risk
 - Review and revise safety plan
 - Remind of upcoming mental health appointments
 - Discuss and problem solve barriers to care
 - Provide additional referrals including rescue if needed
- **Calls were made 72 hours following ED discharge and weekly thereafter until the Veteran was engaged in care**

SAFE VET Project Design

- ◆ **Selected 5 VA EDs that provided the SAFE VET intervention**
- ◆ **Cohort comparison design: 4 VA EDs that did not provide the SAFE VET intervention and that were matched on:**
 - Urban/suburban vs. rural
 - Similar number of psychiatric ED evaluations per year
 - Presence of an inpatient psychiatric unit at the VAMC
- ◆ **Medical record data was extracted for the 6 months prior to and 6 months following the index ED visit**
 - Suicide Behavior Reports
 - Mental Health and Substance Use Services

SAFE VET: Enrollment

◆ Enrolled 1,186 Veterans at SAFE VET site EDs

- Portland VA: 237 (20%)
- Denver VA: 261 (22%)
- Buffalo VA: 188 (15.9%)
- Philadelphia VA: 317 (26.7%)
- Manhattan VA: 183 (15.4%)

◆ Enrolled 454 Veterans with suicide risk and discharged from ED at Control sites

- Long Beach VA: 150 (33%)
- Milwaukee VA: 103 (22.7%)
- San Diego VA: 77 (17%)
- Bronx VA: 124 (27.3%)

◆ Total of 1,640 Veterans



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SAFE VET Services Provided

■ Number who received Safety Plan Intervention:

- SAFE VET Sites: 1,178 (99.3%)
- Control Sites: 106 (23%)

◆ Follow-up Weekly Calls Until Engaged in Services

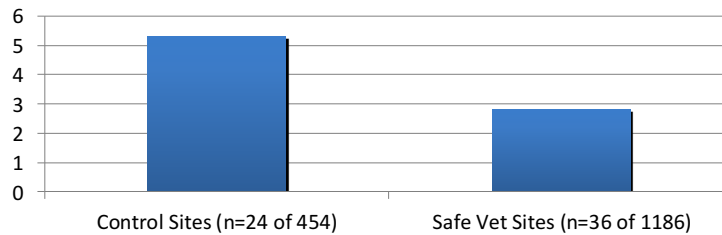
- Veterans Who Completed at least 1 Call: 1,063 (89.6%)
- Mean Number of Completed Calls: 3.7 (SD=3.3, Range: 0-26)
- Mean Number of Attempted Calls but could not contact: 3.4 (SD=3.4, Range: 1-23)
- Mean Number of Days Between First and Last Completed Call: 43.5 (SD=40, Range: 0-307)



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Does SPI help to decrease suicidal behavior? Suicide Behavior Reports (SBR) During Follow-up

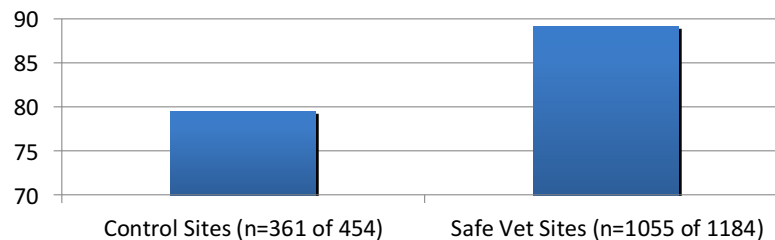
Percentage of Veterans with SBR during 6-month
Follow-up



$\chi^2(1, N = 1640) = 4.72, p = .029; OR = 0.56, 95\% CI: 0.33, 0.95$

Does SPI help to increase outpatient treatment? Engagement During Follow-up

Percentage of Veterans with at least 1 Mental Health or
Substance Use Outpatient Appointment during Follow-up



$\chi^2(1, N = 1638) = 25.76, p < .001; OR = 2.12, 95\% CI: 1.57, 2.82$

Does SPI help to increase outpatient treatment?

Engagement During Follow-up

- ◆ **SAFE VET sites had significantly fewer days to the first attended mental health or substance use outpatient visit than those at Control sites, log-rank $\chi^2 = 23.27$; $p < .001$**
 - SAFE VET sites: **39.2** days (95% CI: 35.99-42.38)
 - Control sites: **58.6** days (95% CI: 52.12-65.01).

SAFE VET Qualitative Study Veteran Interviews

- ◆ **Conducted a study to determine experiences with SPI and to assess feasibility and acceptability**
- ◆ **100 patients who had enrolled in SAFE VET completed a semi-structured interview with a mental health clinician to assess feasibility, acceptability, and effectiveness**
- ◆ **Interviews were transcribed, a coding system developed based on common themes, and frequencies of responses were calculated**

SAFE VET Qualitative Study

Veteran Interviews

Is the SPI acceptable?

- ◆ **100% recalled completing the Safety Plan**
- ◆ **97% were satisfied with the Safety Plan**
- ◆ **88% identified its current location**
- ◆ **61% reported having used the Safety Plan**
- ◆ **For those using the Safety Plan, aspects that were most helpful:**
 - 52% social contacts/places for distraction
 - 47% social support for crisis help
 - 45% contacting professionals
 - 27% internal coping strategies

Stanley, Chaudhury, Chesin, Pontoski, Bush, Knox & Brown (2016). *Psychiatric Services*



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Using the Safety Plan: In Their Own Words...

“Gave me the opportunity to more clearly define signs, when my mood is beginning to deteriorate and when to start taking steps to prevent further worsening...”

“How has the safety plan helped me? It has saved my life more than once...”

Stanley & Brown (2015). *Psychiatric Services*



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Safety Plan Intervention is Widely Used

- ◆ Outpatient community mental health settings
- ◆ Psychiatric inpatient settings
- ◆ Emergency department settings
- ◆ Crisis lines
- ◆ Primary care settings
- ◆ Large private health care systems
- ◆ Most VA settings
- ◆ Military behavioral care settings
- ◆ State-wide suicide prevention initiatives
- ◆ Secondary schools and college settings
- ◆ Prisons / Jails
- ◆ ACT teams

What are some common clinician and system obstacles to implementation of Safety Planning?

Clinician Obstacle: Role Definition

- ◆ **Clinicians do not view doing this type of intervention as their role**
 - ED---Assess and triage but NOT intervene with psychiatric patients
 - Crisis lines---Diffuse the crisis and stabilize the call but NOT assume role of helping to prevent future suicide crises
 - In clinic and hospital settings---who should assume the responsibility of doing the safety plan? Physician? Social worker? Nurse? Tech? Psychologist? Peer?

Clinician Obstacle: Lack of Buy-In

- ◆ Clinician disbelief that a ‘small’ intervention can help; belief that suicidal individuals need intensive treatment--- psychosocial and/or pharmacologic---if suicide is to be prevented.
- ◆ Clinician belief that “If individuals want to take their lives, they will. Means are all around. Having a plan serves no useful purpose.”

Possible Solutions:

- ◆ Behavioral experiment---try it and see how it works
- ◆ Psychoeducation around suicidal crises---ebb and flow of suicidal urges; passage of time is the ‘friend’ of suicidal individuals; explanation for why means restriction work

Clinician Obstacle:

Safety Planning Burnout (SPB)

- ◆ Clinicians tasked with doing safety planning with *many* patients can become boring and uninteresting
- ◆ Safety plans can become rote and less personalized
- ◆ Danger: Safety plan becomes a *form to be completed* (e.g. demographic background) not a *clinical intervention*

Possible Solutions:

- ◆ Share the responsibility—train and engage other clinicians
- ◆ Keep mindful that the safety plan is an *intervention* and not just another form that has to be completed
- ◆ Use system monitoring not just for completion but for quality assurance



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System Obstacle: Overburdened Staff and Lack of Time

- ◆ Systems do not allow time, particularly in the initial contacts; focus on “data collection” rather than intervention
- ◆ Recordkeeping burden high
- ◆ Patient care burden high (e.g. ED)

Possible solutions:

- ◆ Reorient/reorganize system (e.g. streamline what *must* be collected in the initial visit)
- ◆ Involve leadership to mandate use
- ◆ Incorporate electronic instructions in medical record templates



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Resources

- ◆ Stanley B. & Brown G.K. (2012). A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-64.
- ◆ For additional resources: www.suicidesafetyplan.com

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
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.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____



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Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264

Resources

Safety Plan Pocket Card:
Rationale, React, Remove, Review & Revise (5 R's)

Rationale for Safety Plan

Explain:

- How suicidal crises come and go and identify warning signs (link to individual's own experience)
- How the Safety Plan helps to prevent acting on suicidal feelings
- How the Safety Plan is a series of steps – go to the next step if the current step is not helpful

React to the Crisis to Decrease Suicide Risk

Collaborate to:

- Understand the reasons for each step
- Brainstorm ideas for each coping strategy or resource
- Be specific
- Improve feasibility/remove barriers

Remove Access to Lethal Means

Work together to develop an action plan to:

- Limit access to preferred method or plan for suicide
- Limit access to firearms

Review the Safety Plan to Address Concerns

Obtain feedback to assess:

- Helpfulness and likelihood of using Safety Plan
- Where to keep the Safety Plan and when to use it

Revise at Follow-up Visits

Ask:

- Do you remember the last Safety Plan you developed?
- Have you actually used your Safety Plan?
- Was the Safety Plan helpful for preventing you from acting on suicidal urges? If not, why not?
- How can the Safety Plan be revised to be more helpful?

Gregory K. Brown, PhD & Barbara Stanley, PhD (2017)

Safety Plan Information

What is a Safety Plan? A Safety Plan is a prioritized, written list of coping tools and sources of support to use when you are feeling suicidal so that you do not act on your suicidal feelings. It is a personally tailored emergency plan.

Why should I use the Safety Plan? The Safety Plan helps prevent a suicidal crisis from escalating so that you do not act on urges to self-harm. Acute suicidal crises, when people are most in danger of acting on suicidal feelings, often last only for a brief time. The Safety Plan helps you get through this time without making a suicide attempt.

When should I use my Safety Plan? You should use your Safety Plan whenever you recognize any of your personal warning or danger signs that are listed on the Safety Plan.

How should I use the Safety Plan? Once you recognize your warning signs, follow the specific instructions that are described on each step of your Safety Plan. If doing things on one step doesn't help to reduce the crisis, then go to the next step until the crisis has lessened.

Where should I keep my Safety Plan? You should keep your Safety Plan in a place where you are able to easily find it and use it. Some people keep their Safety Plans at home and other people carry it with them in their purse, wallet, pocket or cell phone.

Should I share my Safety Plan with others? Sometimes it is helpful to share your Safety Plan with a family member or close friend who can help you during a crisis.

What do I do if I lose the Safety Plan? A copy of your Safety Plan is stored in your electronic health record. A clinician may be able to retrieve a copy of your Safety Plan for you. Many people make copies of their safety plan or keep a copy on their cell phone.

Does the Safety Plan work? Recent research has been conducted that supports the effectiveness of the Safety Planning. Individuals who received the Safety Plan intervention were less likely report suicidal behaviors during follow-up than individuals who did not receive the intervention.

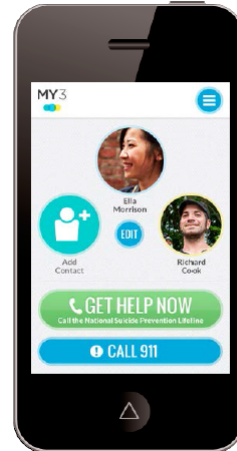
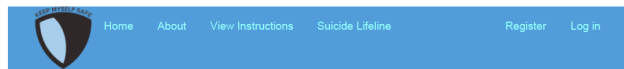
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Resources

Safety Plan Adaptations



www.my3app.org



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Resources

Safety Plan Intervention Rating Scale (SPIRS)

Part I. Pre-Safety Plan Intervention (No Score)

1. Performing a Suicide Risk Assessment
2. Assessing Appropriateness for SPI
3. Conducting a Narrative Interview

Part II. General Safety Plan Intervention Skills (Maximum Score: 8)

1. Rationale for Development of a Safety Plan
2. Collaboration and Active Participation
3. Utilizing the Safety Plan
4. Location, Barriers, and Likelihood of Use

Part III. Constructing Each Step of the Safety Plan (Maximum Score: 22)

1. Identification of Key Warning Signs
2. Internal Coping Strategies
3. Socialization and Social Support Strategies
4. Contacting Family or Friends Who May Offer Help to Resolve a Crisis
5. Contacting Professional or Agencies
6. Making the Environment Safe



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Resources

Safety Plan Intervention Rating Scale

Part II. General Safety Plan Intervention Skills

1. Rationale for Development of a Safety Plan

0 Not Present -- Clinician did not explain the purpose a safety plan for coping with suicidal feelings and to avert a suicidal crisis; did not explain what a suicide crisis is and that suicidal feelings rise and fall; did not explain that the Safety Plan is used to prevent escalation of and acting on suicidal feelings.

1 Needs Improvement – Clinician provided the rationale for the safety plan, but did not explain the nature of suicidal crises or how the Safety Plan can be used to avert a crisis.

2 Satisfactory -- Clinician explained the purpose a safety plan for coping with suicidal feelings and to avert a suicidal crisis; explained the nature of a suicide crisis and explained that the Safety Plan is used to prevent escalation and acting on suicidal feelings.



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**Thank you for your
participation!**

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