

- ▶ For methods with **low lethality**, clinicians may ask patients 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 SAFETY PLAN IS A TOOL TO ENGAGE THE PATIENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

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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.



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?"

SANTA CLARA COUNTY SAMPLE PERSONAL SAFETY PLAN

STEP 1: I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):	
1.	
2.	
3.	
STEP 2: Internal coping strategies – Things I can do by myself to help myself not act on how I’m feeling (e.g. favorite activities, hobbies, relaxation techniques, distractions):	
1.	
2.	
3.	
What might make it difficult for me to use these strategies?	
Solution:	
STEP 3: People and places that improve my mood and make me feel safe:	
1. Name:	Phone:
2. Name:	Phone:
3. Place (day):	
4. Place (night):	
What might get in the way of me contacting these people or going to these places?	
Solution:	
STEP 4: People I trust who can help me during a crisis:	
1. Name:	Phone:
2. Name:	Phone:
3. Name:	Phone:
Why might I hesitate to contact these people when I need help?	
Solution:	
How will I let them know that I need their help?	
STEP 5: Professional resources and referrals I should contact during a crisis (available 24/7):	
1. Clinician Name:	Phone
2. Local Urgent Care Services:	
Address:	
Phone:	
3. Santa Clara County Suicide & Crisis Center: 855-278-4204 or Text RENEW to 741741	
4. National Suicide Prevention Lifelines: 1-800-784-2433 and 1-800-273-8255 or you can call Pacific Clinics at 408-379-9085	
6. Call 988 if you need immediate help in order to remain safe.	
STEP 6: Steps I can take to keep myself safe by reducing access to harmful means if faced with a suicidal crisis:	
1.	
2.	
3.	
STEP 7: “Please complete this sentence: The things that are most important to me and worth living for are...”	

Note: A phone app is available for creating a personal safety plan, please visit [Stanley-Brown Safety Plan app](#)
 (Safety Plan Template, Gregory K. Brown and Barbara Stanley, 2008, 2021)
 In Crisis? Text RENEW to 741741 – Free, 24/7, Confidential

SANTA CLARA COUNTY SAMPLE PERSONAL SAFETY PLAN

Where will I keep this plan so that I can easily find and use it during a crisis?

Student Signature

Date

Parent/Legal Guardian Signature

Date

Support Person Signature

Date

Therapist/Counselor Signature

Date

Therapist/Counselor Signature

Date

Note: A phone app is available for creating a personal safety plan, please visit [Stanley-Brown Safety Plan app](#) (Safety Plan Template, Gregory K. Brown and Barbara Stanley, 2008, 2021)

In Crisis? Text RENEW to 741741 – Free, 24/7, Confidential

Santa Clara County Suicide and Crisis county is routing all emergency calls through 988.

All non-emergency calls will be accessed through the mental health and substance use services call center hotline, 1-855-278-4204.

Safety Plan Template, Gregory K. Brown and Barbara Stanley, 2008, 2021