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 his or her own clients.

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 or optimal conditions 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 a person 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 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.

Experts on safety planning include Barbara Stanley and Greg Brown who have published and consulted widely with SAMHSA and the Veterans Administration. Readers are encouraged to become familiar with their work when designing a form for your agency's safety plan.

In suicide literature, many other experts use terminology that has confused some clinicians in the field. Some authors and researchers have interchanged terms such as self-care plan and crisis response plan meant to be synonymous with safety plan. After consultation with three experts, they agree that 1) the term safety plan is preferred and is considered best practice; 2) a safety plan may include elements such as a self-care plan and/or a crisis response plan and other elements; and 3) that no-harm contracts or no-suicide contracts are ill-advised and considered potentially harmful to at-risk clients.

The several components of a safety plan, uniquely customized to match the client's needs, may include but are not limited to a) means restriction, b) soothing distressful feelings, c) self-care plan, d) plan for family involvement, e) plan for community resources, and f) a crisis response plan. These components are not limited to but may include several specific behavioral ideas **developed with the client**:

Means Restriction
One of the most important interventions in preventing suicide is the removal of means by which the individual may attempt suicide. It is advisable that means restriction be addressed routinely and comprehensively with all safety plans. Firearms are the most prevalently used method to die by suicide, and in certain cultures 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.

Crisis Response

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.

Community 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.

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. You are encouraged to follow the Safety Planning Protocols of your agency. The ideas found in this handout are as a result of consultation with experts about the many facets of a safety plan. That said, you and/or your agency might want to consider adapting your forms and safety plan documents with some of these ideas.

Notes:

Gillian Murphy, Ph.D., Director of Standards, Training, and Practices: *...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) *Examples* 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**
Gun and ammunition removed from house, car, truck, cabin, barn.	√					
Doctor doses prescriptions weekly	√					
Take my dog to play in the park		√				
Call a friend		√				
Eat three meals a day			√			
Avoid drinking caffeine or alcohol			√			
Avoid lonely times, go to my sister's				√		
Spend the night at my cousin's house				√		
Go to bipolar support group					√	
Call my sponsor, or go to a meeting					√	
Call local crisis center or NSPL 800-273-TALK (8255) or 800-SUICIDE						√
Go to my PCD, psychiatrist, ER						√

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

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

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

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.

: