

Safety Plan Instructions *A Quick Guide*

WHAT IS A SAFETY PLAN?

A prioritized written list of coping strategies and sources of support people can use who have been deemed to be at high risk for suicide. Use these strategies before or during a suicidal crisis. The plan is brief, is in the person's own words, and is easy to read.

WHO SHOULD HAVE A SAFETY PLAN?

- Individuals at increased risk but not requiring immediate rescue
- People who have...
 - ❖ Made a suicide attempt
 - ❖ Suicide ideation
 - ❖ Psychiatric disorders that increase suicide risk
 - ❖ Otherwise been determined to be at risk for suicide

HOW SHOULD A SAFETY PLAN BE DONE?

Listening to, empathizing with, and engaging the person in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

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 person's own words.

Step 2: Internal Coping Strategies – Collaborative, Problem Solving Approach

- "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"
- "How likely do you think you would be able to do this step during a time of crisis?"
- If doubt is expressed, ask: "What stands in the way of you thinking of these activities or doing them?"

Step 3: Social Contacts Who May Distract from the Crisis

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 the person to list several people and social settings in case the first option is unavailable.
- **Remember:** the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that the person will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

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 people to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, people reveal they are in crisis to others.
- Assess likelihood the person 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

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 the person 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 people 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?”
- For methods with low lethality, clinicians may ask people to remove or limit their access to these methods themselves.
- Restricting the person’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 person to identify barriers or obstacles to using the plan.
- **DISCUSS** where the person will keep the safety plan and how it will be located during a crisis.
- **EVALUATE** if the format is appropriate for person’s capacity and circumstances.
- **REVIEW** the plan periodically when person’s circumstances or needs change.

Remember: The safety plan is a tool to engage the person and is only one part of a comprehensive suicide care plan that should include the person’s primary care provider and/or their behavior health provider.

Self Care Action Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off stressors (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide comfort and distraction:

1. Name: _____
2. Name: _____
3. Places: _____
4. Places: _____

Step 4: People whom I can ask for help:

- | | | |
|----|-------------|--------------|
| 1. | Name: _____ | Phone: _____ |
| 2. | Name: _____ | Phone: _____ |
| 3. | Name: _____ | Phone: _____ |

Step 5: Professionals or agencies:

- | | | |
|----|-----------------------------|-----------------------|
| 1. | Physician: _____ | Phone: _____ |
| 2. | Suicide Prevention Hotline: | 1-800-273-TALK (8255) |
| 3. | Crisis Text Line: | Text 741741 |
| 4. | Emergency: | 911 |

Step 6: Making the environment safe:

1. _____
2. _____
3. _____

Most important things to me worth living for:

SELF-EVALUATION

1. Circle the number that best describes how often you felt or behaved during the past several days. 2. Answer all questions. 3. Add all circled numbers to find your score.

	A little of the time	Some of the time	Good part of the time	Most of the time
I feel <u>down-hearted</u> and blue	1	2	3	4
Morning is when I feel the best	4	3	2	1
I have crying spells or feel like it	1	2	3	4
I have trouble sleeping at night	1	2	3	4
I eat as much as I used to	4	3	2	1
I still enjoy sex	4	3	2	1
I notice that I am losing weight	1	2	3	4
I have trouble with constipation	1	2	3	4
My heart beats faster than usual	1	2	3	4
I get tired for no reason	1	2	3	4
My mind is as clear as it used to be	4	3	2	1
I find it easy to do the things I used to	4	3	2	1
I am restless and can't keep still	1	2	3	4
I feel hopeful about the future	4	3	2	1
I am more irritable than usual	1	2	3	4
I find it easy to make decisions	4	3	2	1
I feel that I am useful and needed	4	3	2	1
My life is <u>pretty full</u>	4	3	2	1
I feel that others would be better off if I were dead	1	2	3	4
I still enjoy the things I used to do	4	3	2	1
ADD ALL CIRCLED NUMBERS				

There are 20 items on the scale that rate the four common characteristics of depression. The scores range from 25-100. 50-59 Mildly Depressed. 60-69 Moderately Depressed. 70 and above Severely Depressed.

Depression is highly treatable. If you scored 50 or higher, information about resources is available to you on the following pages.