

The Safety Planning Intervention to Reduce Suicide Risk for People with SMI

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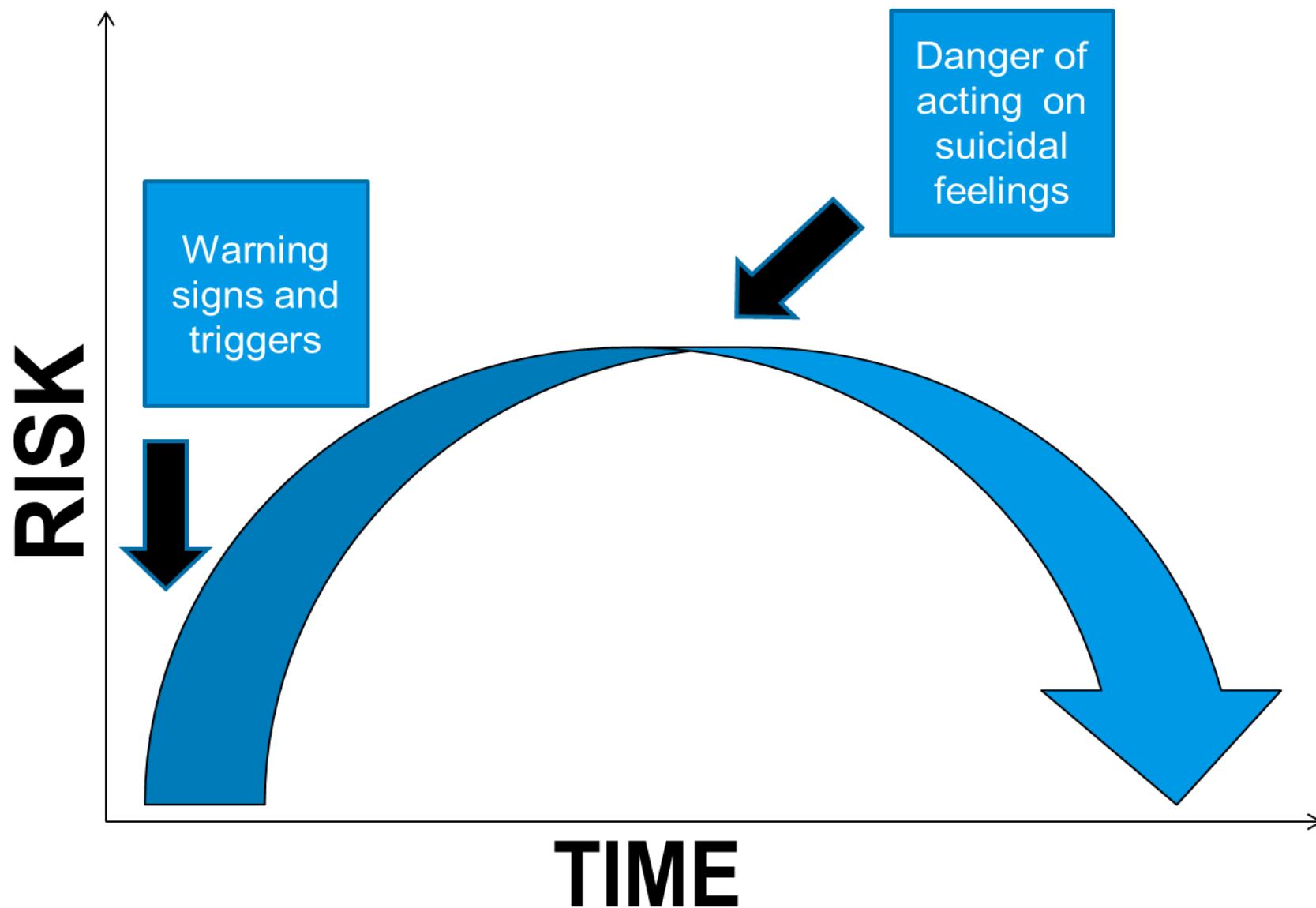
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Learning Objectives

1. Describe some of the challenges (and potential solutions) in safety planning implementation
2. Describe recent advances in Safety Planning Intervention research
3. Describe adaptations of safety planning with SMI



Suicide Risk Fluctuates Over Time



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 Planning is a brief intervention (30-45 minutes)

SAFETY PLAN	
Step 1: Warning signs (Thoughts, Feelings or Behavior):	
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.	Technician Name: _____ Phone _____
2.	Technician Emergency Contact # _____
3.	Community Worker Name: _____ Phone _____
4.	Community Worker Contact # _____
5.	Local Police Phone: # _____
6.	Local Hospital: _____
7.	Local Hospital Address: _____
8.	Local Hospital Phone: _____
Making the environment safe:	
1.	_____
2.	_____

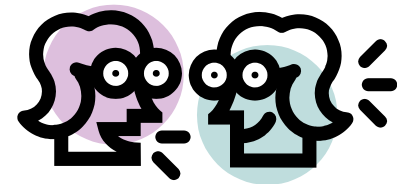
Reproduced with permission (© 2013 Stanley & Brown). www.suicidesafetyplan.com
Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264

Target Population for Safety Planning Intervention

- Individuals at increased risk for suicide but not requiring immediate rescue
- Patients who have...
 - History of suicidal behavior including:
 - Suicide attempts
 - Aborted/Interrupted attempts
 - Made preparations for suicide
 - Recent history of suicidal ideation
 - Otherwise determined to be at risk for suicide

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 (and their family, if applicable) 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



Fire Safety: Stop, Drop and Roll



Safety Plan Intervention: An Overview

- Creates a tool for participants to use in distress: step-wise increase in level of intervention
 - Starts “within self” and builds to seeking help from external resources such as emergency services
- Plan is step-wise but individual can advance in steps without “completing” previous steps
- SPI can be done in one brief session and then, reviewed and revised over time

JAMA Psychiatry | [Original Investigation](#)

Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

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[+ Author Audio Interview](#)

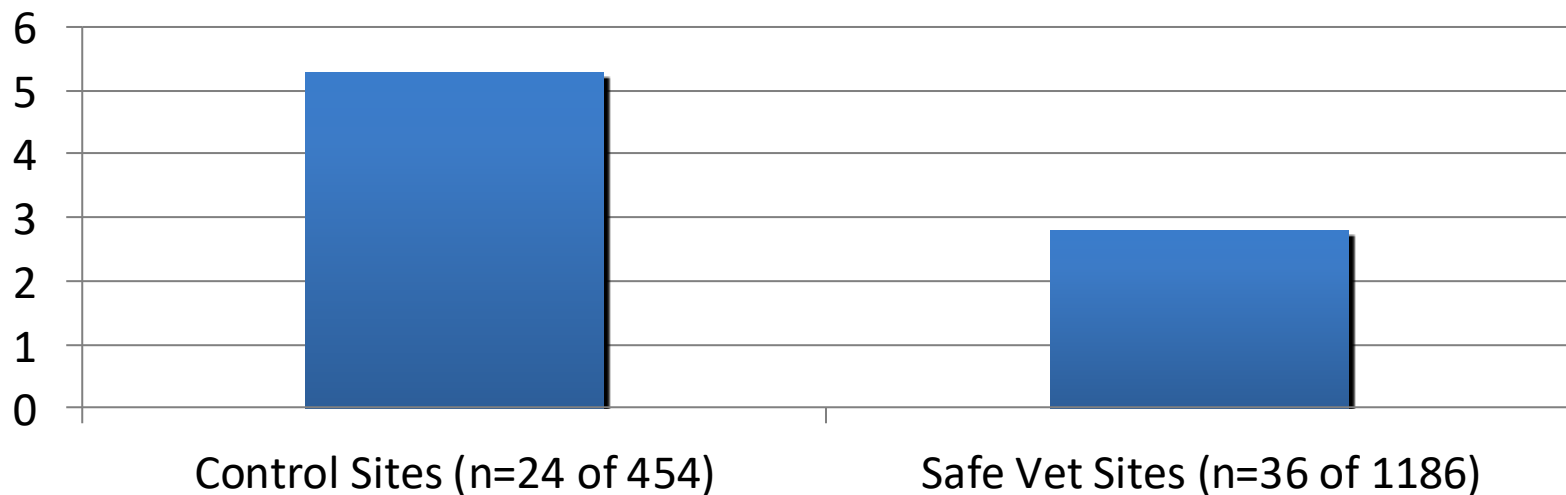
IMPORTANCE Suicidal behavior is a major public health problem in the United States. The suicide rate has steadily increased over the past 2 decades; middle-aged men and military veterans are at particularly high risk. There is a dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care.

OBJECTIVE To determine whether the Safety Planning Intervention (SPI), administered in EDs with follow-up contact for suicidal patients, was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.

Does SPI help to decrease suicidal behavior?

Suicide Behavior Reports (SBR) During Follow-up

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

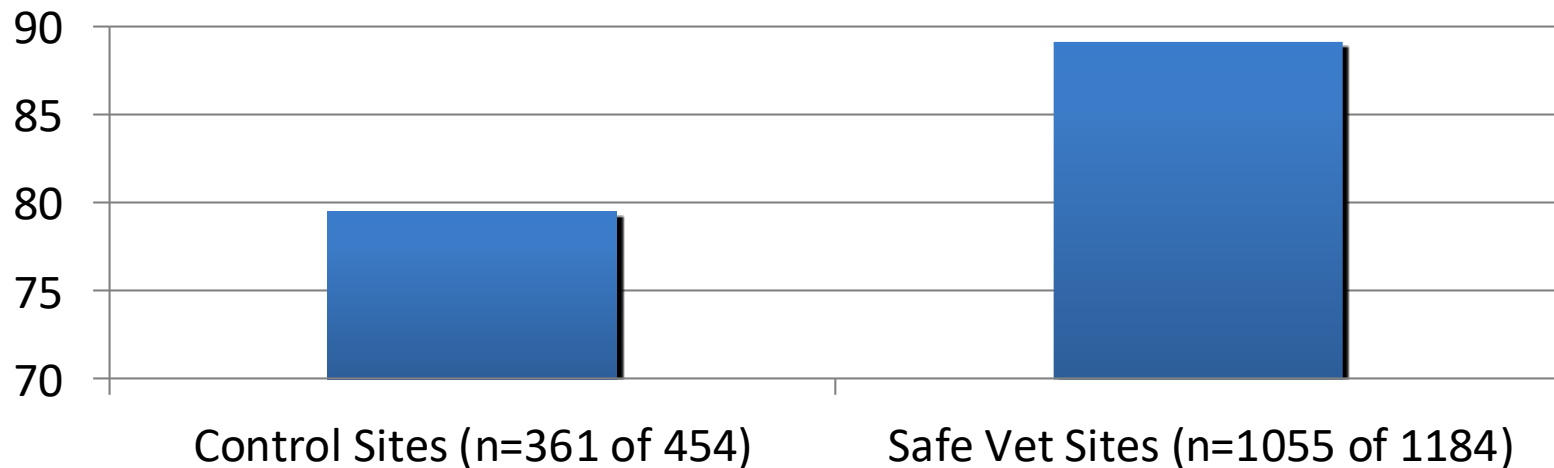


$\chi^2(1, N = 1640) = 4.72, p = .029; OR = 0.56, 95\% CI: 0.33, 0.95$

SPI+ was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behaviors over 6 months

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

Safety Planning In Their Own Words...

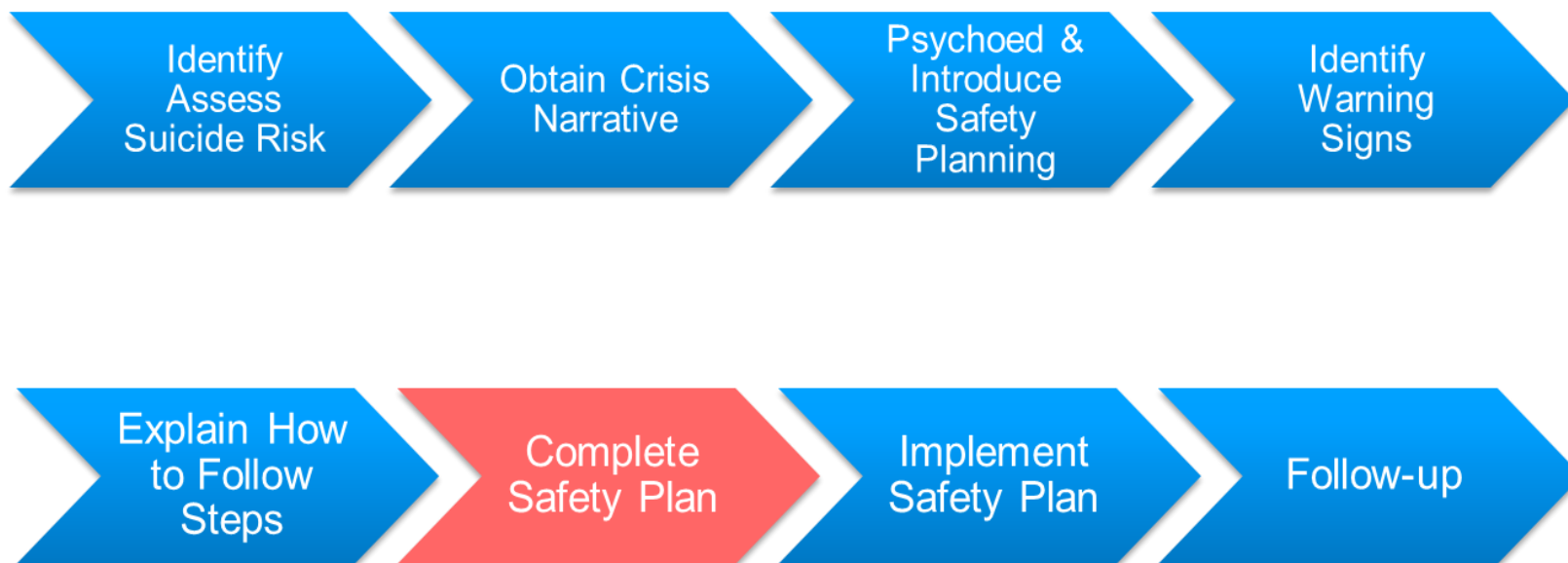
“Gave me the opportunity to more clearly define signs, when my mood is beginning to deteriorate and when to start taking steps to prevent further worsening...”

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

Stanley & Brown (2015). *Psychiatric Services*

Safety Plan Intervention Tasks

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



Goals of the Narrative Interview

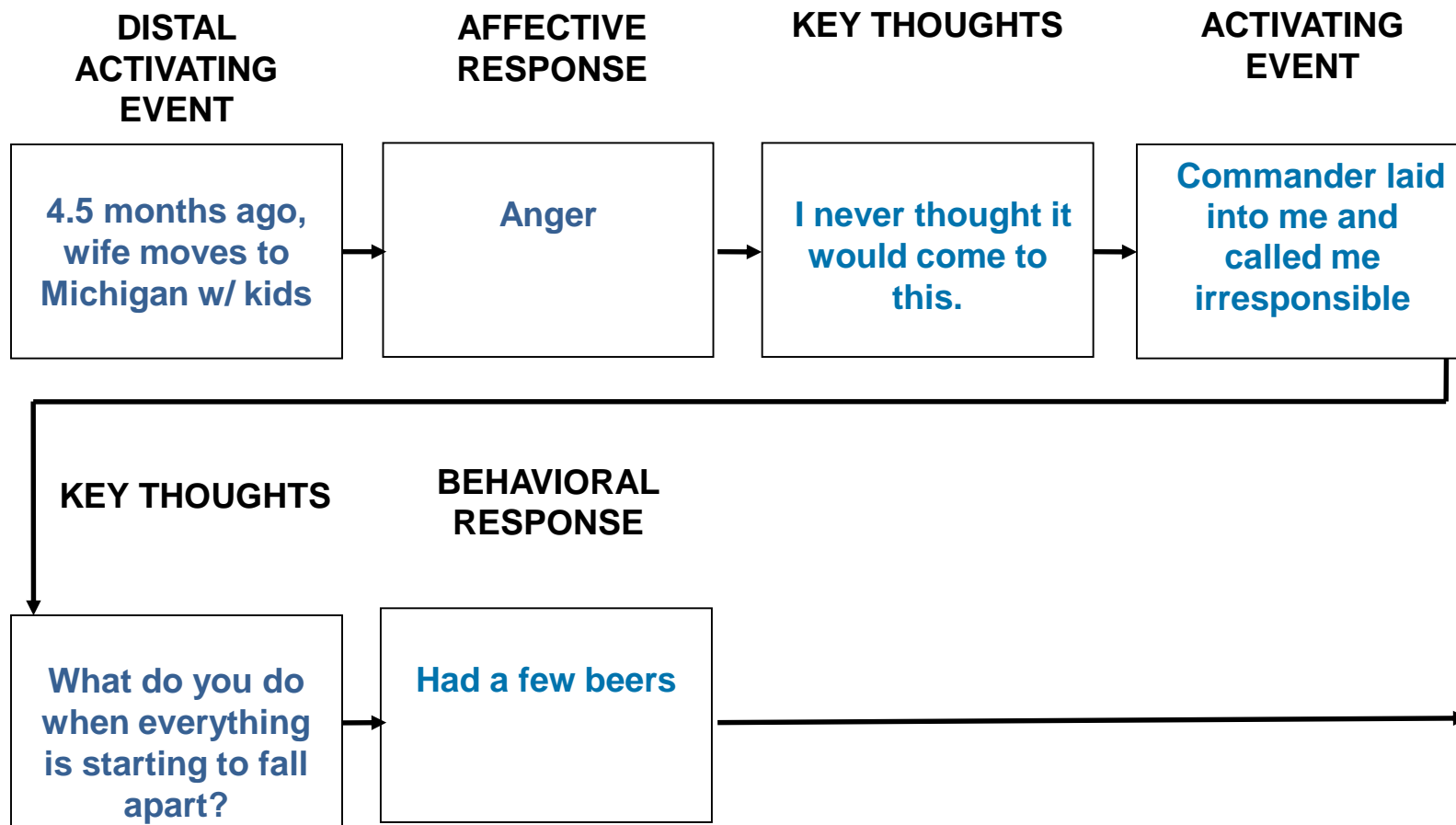


1. To help individuals to “tell their story” about a specific suicidal or personal crisis
2. To help individuals to identify the events and personal warning signs that indicated the beginning or escalation of the crisis.
3. To help individuals describe how the risk for suicide increased and then decreased over time.
4. To help individuals understand how the identification of warning signs and the increase and decrease in risk provides an opportunity for the individual to cope with the crisis before acting on suicidal urges.

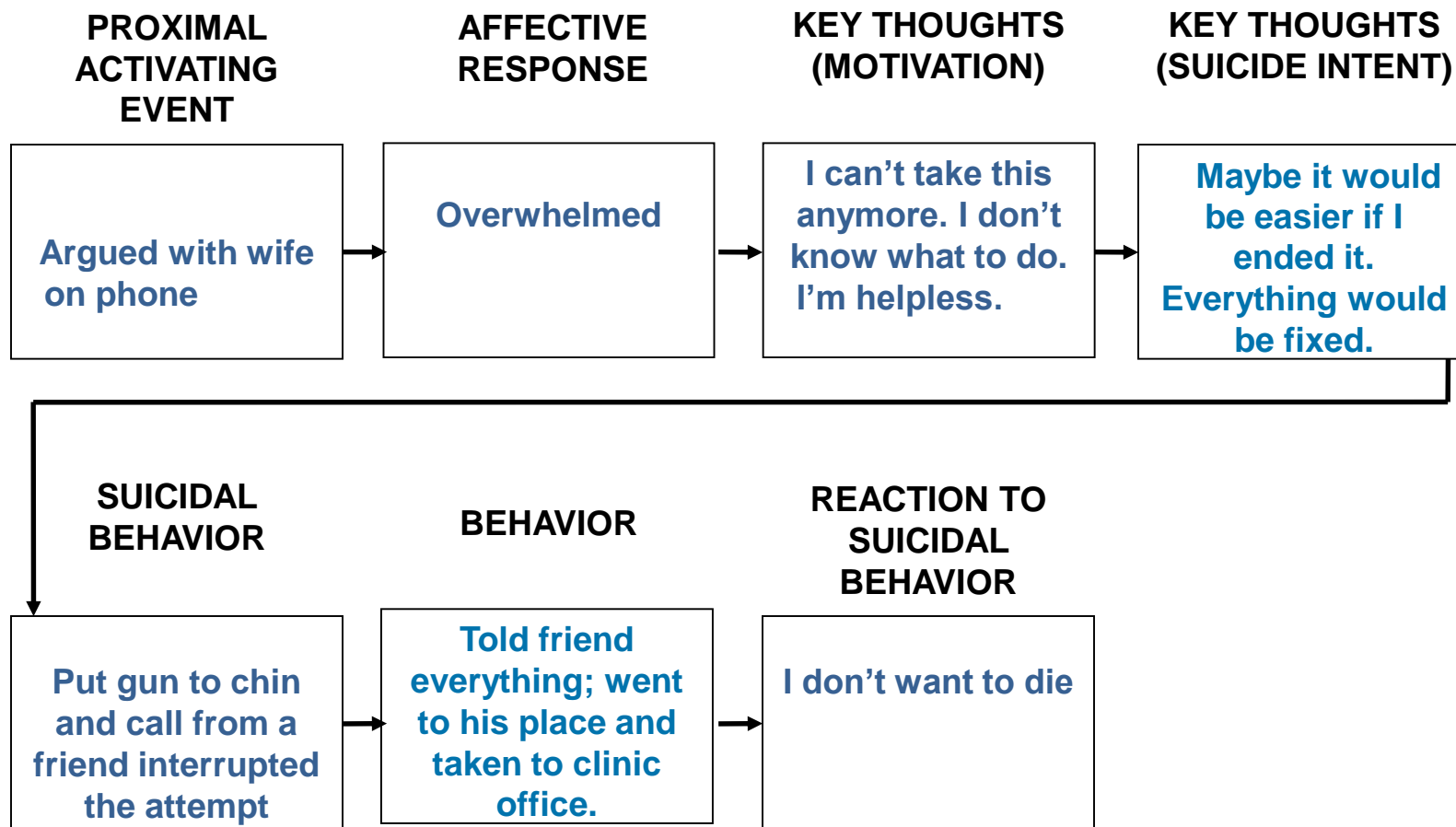
Narrative Description of the Crisis

- Be a good listener (and 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.

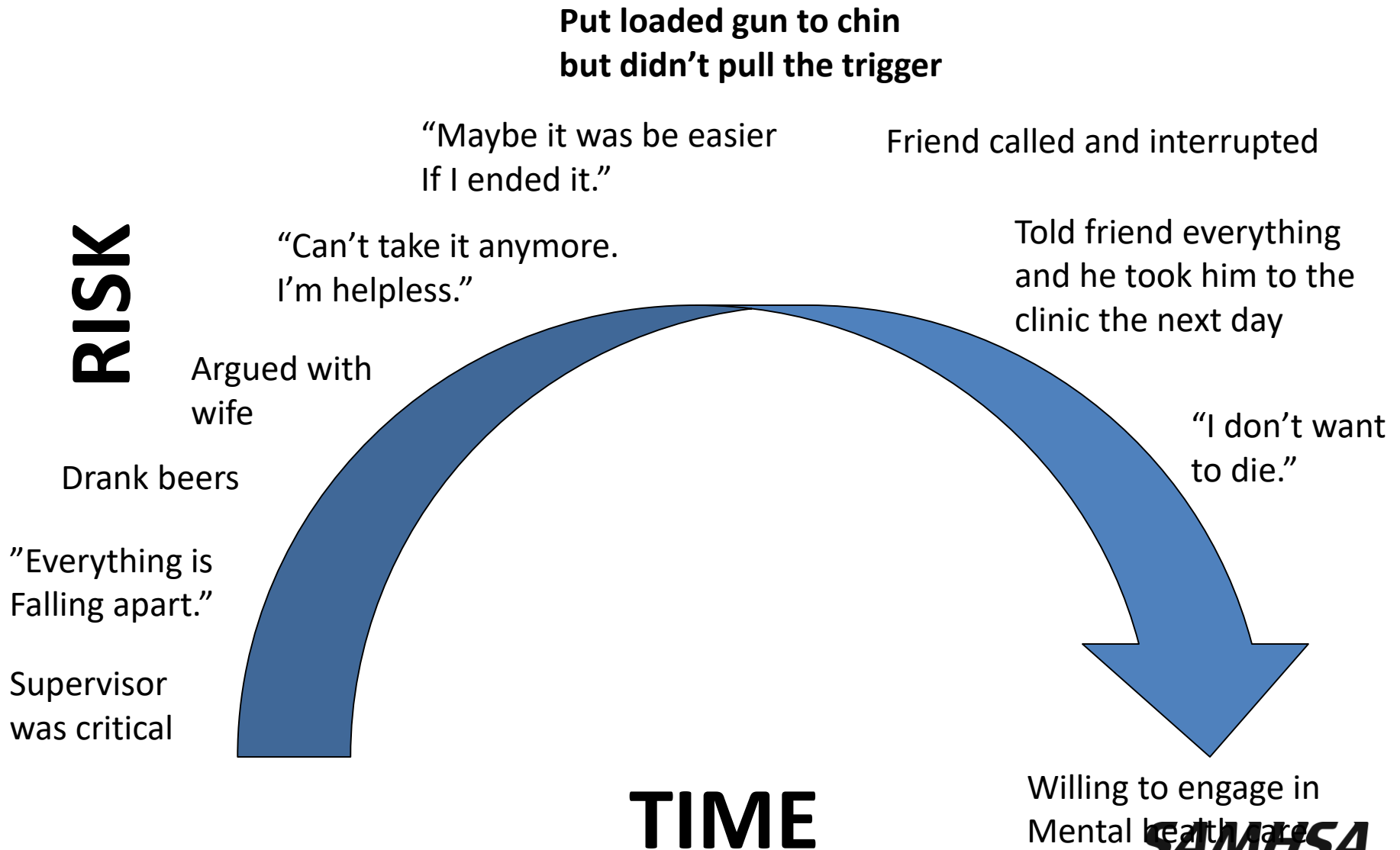
Timeline of Suicide Attempt: Example



Timeline of Suicide Attempt: Example



Suicide Risk Curve: Case Example



Provide Psychoeducation about the Suicidal Crisis

Goal:



- Explain how suicidal feelings are temporary and do not remain constant. This will help the individual to see an end of the crisis that occurs naturally without acting on suicidal feelings.

Introduce Safety Planning

- 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.
- Use the patient's narrative to illustrate 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.

Overview of Safety Planning: 6 Steps

1. Recognizing warning signs
2. Employing internal coping strategies without needing to contact another person
3. Socializing with others who may offer support as well as distraction from the crisis
4. Contacting family members or friends who may help resolve a crisis
5. Contacting mental health professionals or agencies
6. Reducing the potential for use of lethal means

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 Warning Signs

GOALS:

- Identify personal warning signs that marked the beginning or worsening of the crisis.
- Understand how identifying warning signs and change in risk provides an opportunity to cope before acting on suicidal urges.



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 were the warning signs that you experienced during the crisis that you told me about? How will you know you are in crisis and that the safety plan should be used?”
- 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 or images.

Identify Internal Coping Strategies

GOALS:

- Explain that the purpose of internal coping strategies is to help take the individual's mind off of one's problems to prevent worsening of suicidal thoughts and prevent making a suicide attempt without contacting other people
- Help the individual identify specific internal coping strategies – the best strategies are simple and easy to do
- Obtain feedback from the individual about the likelihood of using strategies
- Identify barriers and problem-solve ways to overcome them



Identify Internal Coping Strategies

(STEP 2 on the SPI form)

- Explain how distracting oneself from the suicidal thoughts helps to lower risk
- Ask “What have you done in the past to take your mind off your suicidal thoughts without contacting another person? What activities could you do by yourself to help take your mind off of your problems even if it is for a brief period of time?”
- Provide suggestions if individuals cannot think of any distracting activities

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

GOALS:

- Instruct the individual to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Identify other people and social settings that provide distraction from the crisis
- Obtain feedback from the individual about the likelihood of actually doing these activities
- Identify barriers and problem-solve ways to overcome them



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
- Ask “Who can you contact who helps you take your mind off your problems or helps you feel better? You don’t need to tell these people that you are feeling suicidal. We just want to identify people who can take your mind off your problems even for a brief time.”

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

- Ask, “What public places, groups, or social events help you to take your mind off your problems or help feel better?”
- “Sometimes when people are feeling really upset, they don’t want to talk to other people. However, sometimes just getting out and being in a place around other people can help. Can you think of places you could go where you wouldn’t have to be alone?”

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

- 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.

Identify Family Members or Friends



GOALS:

- Instruct the individual to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Explain that the next step on the Safety Plan involves contacting and telling a trusted family member or friend that they are in crisis and need support.
- Help the individual to distinguish between persons who are distractors (Step 3) and persons who can help to resolve the crisis (step 4).
- Obtain feedback from the individual about the likelihood of actually contacting others
- Identify barriers and problem-solve ways to overcome them

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?”
- 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.

Identify Professionals and Agencies

GOALS:

- Instruct the individual to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Explain that Step 5 consists of professionals or agencies who can provide assistance to the individual during a crisis.
- Assess the likelihood that the individual will contact each professional or professional service listed on the plan.



Contact Professionals or 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 professionals and community workers that we should identify to be on your safety plan?”
- Ask, “What is the likelihood that you would contact these professionals or agencies?”
- Identify potential obstacles and problem solve.

Making the Environment Safer



GOALS:

- Individuals may have already disclosed a method or plan during the suicide risk screen. If not, assess whether the individual has thought about a method or developed a specific suicide plan.
- Explain that having easy access to lethal means places the individual at greater risk for suicide and does not allow enough time to use the coping strategies or sources of support listed on the Safety Plan.
- For each method that is identified, determine the individual's access to the lethal means and collaborate to find voluntary options that reduce access to the lethal method and make the environment safer.

Making the Environment Safer (STEP 6 on the SPI form)

- 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)
- For some patients who attempt suicide, the interval between thinking about and acting on suicidal urges is usually a matter of minutes

Making the Environment Safer

(STEP 6 on the SPI form)

- For each lethal method, ask “What can we do to make the environment safer?”
- Ask, “How likely are you to do this? What might get in the way? How can we address the obstacles?”
- 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.
- 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?”

Examining Pros and Cons

Throwing out my extra meds

Pros	Cons
Staying on track in treatment; If I kill myself, treatment won't help	I would be giving in to what others tell me
It would make my family feel better	I won't have them if I need them
It might make it more "out of sight, out of mind"	

Keeping my extra meds

Pros	Cons
It gives me a sense of control and power	It's tempting to have them in the house
I won't have to worry about collecting them again if I want to kill myself	My mom would keep nagging me about it

Involving Others in Making the Environment Safer

- Assess the potential helpfulness of involving specific persons
- Assess whether the person is capable of carrying out the plan
- When possible, discuss plan with other persons and patient together
- Follow-up with other person to ensure completion of plan

Making the Environment Safer (STEP 6 on the SPI form)

- Make sure the action plan is written down (Step 6 of the Safety Plan)
- Caregivers or other responsible adult should be in charge of implementing the action plan to keep the youth safe
- Clinicians should make a plan to follow up with caregivers at a specified time to confirm the agreed upon means safety measures were implemented.

Implementation of the Safety Plan



GOALS:

- Review the entire Safety Plan
- Explain that if the coping strategies in any step are unhelpful, then the person should try the next step on the Safety Plan. The individual should follow the remaining steps until the crisis lessens and the risk for suicide decreases.
- Advise that it is not necessary to follow all the steps before reaching out for help. If individual does not feel confident that he or she can stay safe, encourage the individual to go to the hospital.
- Provide a copy of the Safety Plan and discuss the location of it.
- Assess likelihood of using the Plan and problem-solve barriers.

Implementation of the Safety Plan

- Ask, “Here is a copy of this Plan. Where would you like to keep it to help remind you of the steps you can take to keep yourself safe?”
- Ask, “How likely is it that you will use the safety plan when you notice the warning signs that we have discussed?”
- Ask, “What could keep you from using your safety plan when you start to feel suicidal?”
- Ask, “How can you remind yourself the importance of using your safety plan if you forget or don’t feel like it?”
- Ask, “Would it be helpful to you to share a copy of your safety plan with anyone?”

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)
- 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.
- Always review access to means and whether there is a need to remove means.

Lessons Learned: Quality Matters!

- Fidelity to Safety Planning involves more than simply completing a piece of paper, the safety plan form.
 - Also involves taking a collaborative and understanding approach to addressing painful experiences.
- A comprehensive chart review was conducted for patients who were flagged as high risk (Gamarra et al., 2015).
 - Safety plans were mostly complete and of moderate quality, although variability existed.
 - A significant proportion of the patient charts had no explicit evidence of ongoing review or utilization of the safety plan in treatment.
- An additional study of safety plans in medical records found that the quality of safety plans was low (Green et al, 2017).
 - Higher safety plan quality scores predicted a decreased likelihood of future suicide behavior reports.

Suicide Risk in Psychotic Illness

- Suicide Risk is a significant issue for individuals with psychotic illness
 - Psychosis increases significantly the risk of dying by suicide
 - 4-10% of people with schizophrenia die by suicide

Rich et al, Suicide by Psychotics [Biol Psychiatry](#). 1988 Sep;24(5):595-60

Miles CP (1977) Conditions predisposing to suicide: a review. *J Nerv Ment Dis*. 164: 231–246.

Inskip HM, Harris EC, Barraclough B (1998) Lifetime risk of suicide for affective disorder, alcoholism and schizophrenia. *Br J Psychiatry*. 172:35–37.
<https://www.ncbi.nlm.nih.gov/pubmed/9534829>

Psychosis

- Psychosis is not, in itself, a contraindication to doing the Safety Plan
- Often the challenge/obstacle exists within the clinician, who is uncertain whether the safety planning intervention is appropriate for someone with psychosis

Psychosis

- When can you do a safety plan for someone with psychosis?
 - Assess degree of reality testing/cognitive capacity in the moment
 - If very psychotic (lack of reality testing, very disorganized) and suicidal, consider need for higher level of care

Psychosis

- Adjustments to make
 - Simple, concrete language
 - Accept baseline delusional thinking if it is not directly related to suicidal ideation (i.e. you don't have to challenge the delusions)
 - Incorporate family and other significant people

Case Example: Psychosis

- Mr. V is a 40 year old man with chronic schizophrenia, baseline delusion that the FBI is tracking him
- Recent loss of his mother leaves client sad, lonely, overwhelmed
- When speaking to him, he mentions he has recently thought about suicide

Case Example: Psychosis

- Potential obstacle: clinician has to decide if the SPI is an appropriate clinical intervention
- What would you ask?
 - Does he have access to a gun or other lethal weapons?
 - Has he made a plan?
 - What has provoked this?
 - What is his level of reality testing?

Case Example: Psychosis

- Delusions have not worsened and he is not more disorganized than his baseline
- He has thought of ways to hurt himself, including jumping off of the bridge, “to be with my mother”
- Expresses wish for help
- Reality testing intact

Case Example: Psychosis

- Mr. V and his therapist completed the SPI
- Mr. V generated simple warning signs: “feeling sad,” “thinking about my mother,” “crying”
- Mr. V had no trouble coming up with ways to distract himself or turn to others
- Concretely focused on step 6, specifically- how to keep Mr. V away from the bridge
- Mr. V said, “every time I think about the bridge, I’ll go to the park instead”

Case Example 2: Psychosis

- Mr. G is a 25 year old man with schizophrenia
- Multiple high lethality suicide attempts in the past
- Worsening psychotic symptoms, including paranoia, ideas of reference, and hallucinations, in the setting of psychosocial stressors
- Comes to the clinic saying he wants to “kill myself with a gun”

Case Example 2: Psychosis

- Potential obstacle: clinician has to decide if the SPI is an appropriate clinical intervention
- What would you ask?
 - Does he have access to a gun or other lethal means?
 - Has he made a plan?
 - What has provoked this?
 - What is his level of reality testing?

Case Example 2: Psychosis

- When questioned, Mr. G states he doesn't have a gun but "I know where I can get one"
- Then begins to speak, rapidly, about his neighbors who refuse to leave him alone, the fact that they are keeping him up at night and he is not sleeping
- Cannot reality test around worsening delusion
- States suicide is "the only way out"

Case Example 2: Psychosis

- SPI not appropriate here. Client sent to the ED for higher level of care because:
 - Past high lethality suicide attempt
 - Potential access to lethal weapon
 - No sleep for days
 - And, perhaps most importantly for this case example, he is disorganized and his worsening delusion is directly linked to suicidal thoughts. In his mind, suicide is the only option

Resources

- Stanley B & Brown GK, A Brief Intervention to Mitigate Suicide Risk. Cognitive and Behavioral Practice, 19:2, May 2012, 256-64.
- www.suicidesafetyplan.com.

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 Intervention: Quick Guide for Clinicians

What is the Safety Plan Intervention?

The Safety Plan Intervention is a prioritized, written list of coping strategies and sources of support that individuals can use during a suicidal crisis. It is a very brief intervention that clinicians provide to patients at risk for suicide and it gives patients strategies to manage suicidal feelings so that they do not act on them.

Why is a Safety Plan important to have?

Suicidal crises are not usually one time occurrences. If someone was suicidal in the past, it is likely that suicidal feelings will happen again. Having an emergency plan helps patients handle suicidal crises. Suicidal feelings rise and fall over time. The purpose of the intervention is to prevent the risk for suicide from escalating to the point that individuals act upon their suicidal impulses.

Who should receive the Safety Plan Intervention?

The Safety Plan Intervention is often provided after a suicide risk assessment has been conducted. Any person who is deemed to be at risk for suicide may receive the intervention.

Is the Safety Plan Intervention effective?

Recent research supported the effectiveness of the Safety Plan Intervention in Emergency Department settings. Individuals who received the Safety Plan Intervention, as well as structured follow-up calls, were less likely report suicidal behaviors during follow-up than individuals who did not receive the intervention.

How is a Safety Plan done?

Clinicians should collaborate with individuals in developing the Safety Plan. Optimal Safety Plans are brief, feasible, and include the individuals' own words. The Safety Plan is not simply a form to be filled out without involvement of the clinician. Developing a plan is a clinical process. There are 6 specific steps of the Safety Plan that are described on Page 2.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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