

# **Adult Suicide Risk Safety Plan**

## ***Therapist Guide***

### **Rationale**

In years past, therapists often had clients at risk for suicide sign a “no-harm” contract, promising not to hurt or kill themselves. However, Idaho State University’s Institute of Rural Health conducted an extensive literature review (Kirkwood & Bennett, n.d.) that failed to demonstrate any documented effect of no-harm contracts in preventing suicide (Kelly & Knudson, 2000). No-harm contracts were also ineffective in protecting therapists from legal liability in the event of a client’s suicide (Norton, n.d.).

Instead of the “I promise not to kill myself” focus of a no-harm contract, a suicide risk safety plan is a tool to identify the client’s protective factors and help the client to access them at times of vulnerability. It is developed collaboratively by the therapist and the client. The U.S. Department of Veterans Affairs has produced tools and training to encourage clinicians to use safety plans with veterans at risk of suicide (Stanley & Brown, 2008).

The Adult Suicide Risk Safety Plan form we have developed is adapted from the concepts of Stanley and Brown (2011), whose safety plan intervention has been identified as a best practice by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for Suicide Prevention ([www.sprc.org](http://www.sprc.org)). It is a handy tool to identify your client’s unique protective factors and help the client create action steps to use during difficult times. The Safety Plan helps the client to:

- Identify his or her reasons for living
- Increase awareness about situations of heightened vulnerability to suicidal thoughts and actions
- Identify feelings and behaviors associated with suicidal impulses and thus engage coping skills before risk factors escalate
- Manage risks in the environment that might contribute to easy access to lethal means
- Activate coping skills that have been developed in therapy
- Regulate emotion through distraction
- Consider changing settings to be around others or in a place that feels safe and comforting
- Connect with friends and family members who are seen as reliable sources of support
- Know when and how to contact the therapist, a crisis line, or other forms of professional support

## **How to Use the Safety Plan**

Any plan to reduce suicide risk is only as good as the therapeutic alliance it rests upon. Your relationship with your client is paramount, and the Safety Plan must be used in conjunction with thorough assessment, knowledgeable application of treatment strategies, and ongoing attention to suicide risk, which of course may change over time.

You will have to judge the appropriate point in the therapy to work on the Safety Plan with your client. You and the client can develop it in a single therapeutic session, or work on it over time. It will probably be most effective if you have already established a level of trust in the therapeutic relationship and helped your client to learn a repertoire of effective coping skills.

Once the Safety Plan has been developed, it may be useful to revisit it frequently to learn whether the client has used any of the steps, what was most and least helpful, and what additional skills and resources can be added to the plan. You may ask the client to come up with additional content for the plan as a homework assignment—for example, “For next week, I’d like you to write down one additional coping skill to add to your Safety Plan.”

As with any behavior plan, clients are most likely to follow through if they believe the steps will be helpful in their particular situation. To the extent possible, clients should identify the resources and action steps themselves, with minimal prompting from the therapist, so it is truly their own plan and makes sense to them. The therapist can be most helpful by assisting in crafting plans that are sufficiently specific and clear, and by brainstorming with the client how to overcome any obstacles to using the plan.

While this Safety Plan is not a contract, signature lines for both client and therapist are included to increase the client’s sense of commitment.

**The attached plan is to be used as a guide only, and is not meant to be a final document. It is the sole responsibility of the clinician to modify the plan as he/she sees fit, and to use the plan in a clinically appropriate manner. After modifying the plan, please remove the copyright information. Please note that the publisher is not engaged in rendering psychological, legal, or other professional services and the final plan may need to be reviewed by appropriate professionals.**

## **How to Approach Each Step of the Plan**

### **1. Know Your Reasons**

Clearly identified reasons for living can serve as protective factors for reducing suicide risk. Placing these reasons in the foremost position on the Safety Plan reminds clients of their commitment to life. Research with diverse populations, from transgender individuals (Moody & Smith, 2013) to low-income African American women (West,

Davis, Thompson, & Kaslow, 2011), has shown that focusing on reasons for living may have a powerful protective effect.

For adult clients who are parents, a sense of responsibility for their children, may serve as a powerful disincentive to suicide. Connections to other family members or even pets can help clients to focus on positive aspects of their lives. Spiritual or religious beliefs may be important reasons for living for some clients. Because reasons for living are both highly individualized and also culturally influenced, it is particularly critical for clients to enumerate these reasons based on their own experiences and beliefs.

## **2. Be Aware of What Sets You Off**

In this step, the therapist and the client should discuss what situations increase the risk for suicidal thoughts and behaviors. An example might be a sexual abuse survivor who knows she will encounter the relative who abused her at a family Thanksgiving celebration, or a combat veteran who is triggered by watching news reports of war and conflict. The goal of this step of the safety plan is to increase awareness and to identify these high-risk situations; planning responses comes later in the plan. The therapist and the client can also discuss limiting exposure or avoiding these situations during times of heightened vulnerability, if possible.

## **3. Know When You May Be in Trouble**

In this step, clients describe their feelings and behaviors that may be precursors to suicidal thoughts or actions. Understanding that there is a connection between drinking too much or isolating oneself and suicidal feelings, for example, can help clients to choose alternative behaviors or to engage in coping skills before they begin to feel self-destructive.

This part of the plan can be integrated nicely with therapeutic strategies for mood improvement and management of depression or anxiety. It can also incorporate health-related measures that improve mood, such as limiting caffeine or keeping blood sugar stable. The acronym HALT (hungry, angry, lonely, or tired), often used by recovering substance abusers, is a handy reminder for clients to be aware of these high-risk states so they can use the coping strategies they have learned.

## **4. Make the Situation Safer**

Because suicidal behavior may be impulsive, it can be helpful to minimize access to lethal means. While a determined individual can find alternatives, it certainly makes sense to remove firearms and excessive quantities of medication from ready access. The client may wish to identify another individual who can help with this step. Because clients are actively engaged in increasing the safety of their environment in this step, they may be more likely to take responsibility for maintaining these safeguards and feel proud of their ability to do so.

## 5. Use Your Coping Skills

This step allows clients to review and compile the coping skills they have learned in therapy and elsewhere, such as relaxation exercises, deep breathing, or physical activity. If you have provided written directions for any of these practices, the client may wish to attach them to the Safety Plan for easy access in times of crisis. It may be helpful to remind clients that these coping skills can be used *before* they become upset as well as in difficult moments.

When you teach a new coping skill in a therapy session, you can ask the client whether he or she wishes to add that skill to the Safety Plan. If a client describes a coping skill learned outside of therapy, you can reinforce its value by suggesting adding that skill to the Safety Plan as well. This can become a way to acknowledge clients' efforts to build a repertoire of personally useful coping skills.

The [PTSD Coach mobile app](#) (also available in an [online version](#)) from the Department of Veterans Affairs has a wealth of mood regulation tools and coping skills. It is designed for veterans with PTSD, but is available for anyone at no cost. This can be a useful supplement to coping skills taught within a therapy session. The therapist could demonstrate this resource during a session, and then clients could be asked to review the app or the online version at home and pick several tools that appeal most to them to include in their Safety Plan.

## 6. Act to Distract

Distraction can be a useful strategy in emotional regulation (Joormann, Siemer, & Gotlib, 2007). Help the client identify healthy, easy-to-access activities for mood improvement, such as listening to upbeat music or watching a funny TV show. Obviously, you will want to help the client distinguish between harmless distraction and possibly problematic activities such as gambling.

This step also offers the opportunity to educate clients about the positive impact of volunteering on physical and mental health, especially for older adults (Grimm, Spring, & Dietz, 2007). A website such as [volunteermatch.org](#) may be useful for those clients who wish to offer their services to a local nonprofit.

## 7. Switch Settings

In this step, ask clients to think about places (and their inhabitants) that feel safe and comfortable to them or that offer a reprieve from stressful environments. Ask the client to think of a variety of places because a preferred setting such as a friend's house may not be available at all times. For some people, just being in a public place such as a coffee shop or a park may help them to feel safer from their own suicidal impulses.

This activity may be a good intermediate step for a person who is working to decrease isolation but may not yet have a robust social network or feel comfortable interacting with others during a low mood.

## 8. Connect with Others

As clients build their social support network, the information for this step may grow. Here they are asked to think about family members and friends who are supportive and helpful, and to whom they may be able to disclose fears about harming themselves. As clients fill out this section, the therapist will want to explore the expected reactions of the people the client chooses and help the client think about the pros and cons of confiding in a particular individual. For example, if a man generally talks to his partner when he is distressed, but the partner is impatient or overreacts, he may want to think about other people to talk to for purposes of the Safety Plan.

Social support is an important protective factor to diminish suicide risk, so increasing the number of people who are in this circle will often be a therapeutic goal.

## 9. Reach Out for Help

This step calls for detailed and accurate information about who to call in a crisis. The client should know exactly how to reach you or an alternate professional in an emergency and what to expect under those circumstances. Do you have an answering service or voice mail? Who takes calls for you when you are on vacation or ill? How quickly can the client expect to have the call returned? What options are there if the client can't reach you?

This is also the place to make note of any appropriate crisis lines. The lines listed below all offer free, confidential, anonymous services. You and your client may want to explore their websites in advance to learn all they have to offer.

- The [National Suicide Prevention Lifeline](#) at 1-800-273-TALK (2755) is available 24/7. They have a chat feature during specified hours and are also available via TTY for Deaf and hard-of-hearing clients. The website has good information for people struggling with suicidal thoughts and those who are concerned about them.
- For clients who are veterans, there is a dedicated crisis line available by calling the National Suicide Prevention Lifeline number (1-800-273-2755) and then pressing 1. Support is also available via chat and text, and the [Veterans Crisis Line website](#) offers a variety of resources for veterans and their families.
- Research the local crisis line numbers for your community and have the client include these in the Safety Plan if appropriate.
- If the client is a survivor of sexual abuse or assault, the [RAINN National Sexual Assault Hotline](#) at 1.800.656.HOPE will connect them to the nearest sexual assault services center.

- If the client is a survivor of domestic violence, the [National Domestic Violence Hotline](#) at 1-800-799-7233 is available 24/7 via voice and online chat. Hotline volunteers can also direct callers to local shelters and advocacy programs.
- The [Gay, Lesbian, Bisexual, and Transgender National Hotline](#) at 1-888-THE-GLNH (1-888-843-4564) is available during specific hours; check the website for more information.

For clients who suffer from loneliness and social isolation, you may want to share a “warmline” number:

- The website [www.Warmline.org](http://www.Warmline.org) offers links to local peer-listening services for those with mental health concerns. They offer an option for the client who just needs a friendly voice on the other end of the phone. Hours are limited; check the website for specific information.
- The [Gay, Lesbian, Bisexual, and Transgender Online Peer Support Chat](#) is available during specified hours for support and providing resources, but not for “casual chat.”

If your client is also receiving services from another professional or agency, those numbers may be listed on the Safety Plan if appropriate. Encourage the client to learn about the other professional or agency’s availability and procedures for crisis calls and to include that information under this step.

## References

- Grimm, R., Spring, K., & Dietz, N. (2007). *The health benefits of volunteering: A review of recent research*. Washington, DC: Corporation for National and Community Service, Office of Research and Policy Development. Retrieved from [http://www.pointsoflight.org/sites/default/files/resources/files/the\\_health\\_benefits\\_of\\_volunteering\\_.pdf](http://www.pointsoflight.org/sites/default/files/resources/files/the_health_benefits_of_volunteering_.pdf)
- Joormann, J., Siemer, M., & Gotlib, I.H. (2007). Mood regulation in depression: Differential effects of distraction and recall of happy memories on sad mood. *Journal of Abnormal Psychology, 116*(3), 484-490.
- Kelly, K.T. & Knudson, M.P. (2000). Are no-suicide contracts effective in preventing suicide in suicidal patients seen by primary care physicians? *Arch Fam Med. 9*(10), 1119-1121.
- Kirkwood, A. & Bennett, B. (n.d.). *The shift from “no harm contracts” to “safety plans” for suicide prevention and treatment: A literature review*. Idaho State University Institute for Rural Health. Retrieved from [http://www.isu.edu/irh/projects/better\\_todays/B2T2VirtualPacket/SuicidePrevention/SAFETY%20PLANS%20for%20Suicide%20Prevention%20final%20pdf.pdf](http://www.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/SuicidePrevention/SAFETY%20PLANS%20for%20Suicide%20Prevention%20final%20pdf.pdf)
- Moody, C., & Smith, N. (2013). Suicide protective factors among trans adults. *Arch Sex Behav, 42*, 739–752. DOI 10.1007/s10508-013-0099-8
- Norton, K. (n.d.). *No harm contracts and suicide prevention*. Retrieved from <http://www.theconnectprogram.org/sites/default/files/site-content/docs/NoHarmContracts.pdf>
- Stanley, B. & Brown, G.K. (2008). *Safety plan treatment manual to reduce suicide risk: Veteran version*. Retrieved from [http://www.mentalhealth.va.gov/docs/va\\_safety\\_planning\\_manual.pdf](http://www.mentalhealth.va.gov/docs/va_safety_planning_manual.pdf)
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Stanley, B. & Brown, G.K. (2011). Suicide planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264.

West, L. M., Davis, T. A., Thompson, M. P., & Kaslow, N. J. (2011). "Let me count the ways:" Fostering reasons for living among low-income, suicidal, African American women. *Suicide and Life-Threat Behavior, 41*, 491–500. doi: 10.1111/j.1943-278X.2011.00045.x

# My Plan to Keep Myself Safe

*This is a plan for you to develop with your therapist. The goal is to keep yourself safe and alive, even when you are feeling really low. Keep this plan handy so you will have it when you need it.*

## 1. Know Your Reasons

*List the most important reasons why you want to live.*

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## 2. Be Aware of What Sets You Off

*What situations make it more difficult for you to keep yourself safe?*

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## 3. Know When You May Be In Trouble

*List the feelings you may have and the way you may act when you are starting to feel like you might harm yourself (for example, being by yourself all the time; drinking too much; feeling really angry, sad, or lonely).*

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## 4. Make the Situation Safer

*What are some things you can do to make your surroundings safer (like getting rid of things you might use to hurt yourself)?*

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## 5. Use Your Coping Skills

List the things you can do to help you cope, like relaxation exercises, deep breathing, and physical exercise.

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## 6. Act to Distract

What are some activities that can help you to distract yourself and lift your mood (such as watching a comedy, helping someone else, doing a project, or listening to upbeat music)?

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## 7. Switch Settings

Spend time around other people. Go someplace like the library or a park if you just want to be around people, or hang out with friends who help you feel better. Where do you feel the safest and most comfortable, or who can you just spend time with?

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## 8. Connect with Others

Who are the friends and family members you can really talk to when you need to?

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## 9. Reach Out for Help

Call your therapist:

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Call a crisis line:

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*Call another professional or agency:*

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**If you still don't feel safe, call 911.**

*I agree to use this plan if I feel that I may harm myself.*

Client

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist

Signature: \_\_\_\_\_ Date: \_\_\_\_\_