

Safety Plan Worksheet: Brief Instructions for Providers



Providers: Complete semi-structured interview of recent suicidal crisis before proceeding to Step 1
Print copy of completed Safety Plan for patient and place a duplicate copy in medical record

Step 1. Recognizing warning signs

- ___ **Ask patient** "How will you know when the Safety Plan should be used?"
- ___ **Ask patient** "What do you experience when you start to think about suicide or feel extremely distressed?"
- ___ **List warning signs**, including thoughts, images, thinking processes, mood, and/or behaviors, using the patient's own words. (Ex: "I feel really numb," "I think 'Nobody even cares about me,'" "I stop answering calls and texts")

Step 2. Using internal coping strategies

- ___ **Ask patient** "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"
- ___ **Ask patient** "How likely would you be able to do this step during a time of crisis?"
- ___ **If doubt about using coping strategies 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 ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3. Social contacts who may distract from the crisis

- ___ **Instruct patient** to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- ___ **Ask patient** "Who or what social settings help you take your mind off your problems, at least for a little while?" and "Who helps you feel better when you socialize with them?"
- ___ **Ask patient** to list several people and social settings, in case the first option is unavailable.
- ___ **Ask patient** for safe places they can go to be around people, e.g., coffee shop.
- ___ **Remember, in this step, suicidal thoughts and feelings are not revealed to their social contacts.**

Step 4. Contacting family members, friends, caregivers or others who may offer help to resolve a crisis

- ___ **Instruct patient** to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- ___ **Ask patient** "Among your family or friends, who could you contact for help during a crisis?" or "Who is supportive of you and who do you feel you can talk with when you're under stress?"
- ___ **Ask patient** to list several people, in case they cannot reach the first person on the list. Prioritize the list. **In this step, unlike the previous step, patients reveal to their contacts that they are in crisis.**
- ___ **Ask patient** "How likely would you be willing to contact these individuals?"
- ___ **If doubt is expressed about contacting individuals, identify** potential obstacles and problem solve ways to overcome them.

Step 5. Contacting professionals and agencies

- ___ **Instruct patient** to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- ___ **Ask patient** "Who are the behavioral health professionals who should be on your safety plan?" and "Are there other health care providers?" **In this step, suicidal thoughts and feelings are discussed with health professionals/agencies.**
- ___ **List** names, numbers and/or locations of clinicians, local urgent care services, military service/command or VA suicide prevention coordinator, Military/Veterans Crisis Line and/or National Suicide Prevention Helpline (800-273-TALK (8255)).
- ___ **If doubt is expressed about contacting health professionals/agencies, identify** potential obstacles and problem solve ways to overcome them.

Step 6. Reducing the potential for use of lethal means

- ___ **Ask patient which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.** Use non-judgmental tone and language with open-ended questions.
- ___ For patients who identify methods with low lethality, clinicians may ask patients to remove or restrict access themselves or with assistance.
- ___ **Restricting the patient's access to a highly lethal method should be done by a designated, responsible person — usually a family member, caregiver, close friend, military command, or the police.**
- ___ Examples: Keep medications locked in a safe place, properly dispose of medications you no longer need, never keep lethal doses of any medication on hand, keep firearms locked in a safe with ammunition stored separately, have a trusted individual temporarily store firearm until safety is re-established.
- ___ Consider prescribing naloxone for patients at risk for opioid overdose (See VA/DoD opioid therapy clinical practice guideline).

Step 7. Remembering reasons for living

- ___ **Ask patient** to list their reasons for living, including answers to the following: "The things that are most important to me and worth living for are:"

