



# SAFETY PLANNING AND LETHAL MEANS SAFETY

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# Taking the time for self-care

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Today's presentation may bring about intense feelings and memories. If this happens, give yourself permission to leave the presentation. Take a sip of water, take a moment to breathe and check in with yourself.

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If you continue to have trouble with the intensity of the topic, don't keep it a secret – reach out to someone.

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National Suicide Prevention Lifeline: 1-800-273-8255,  
Press 1 for Veterans

Text option: 838255

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Local resource: CARES Hotline 808-832-3100 or  
800-753-6879

Text ALOHA to 741741

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1

Learn how to collaboratively develop a safety plan with a patient at risk for suicide

2

Discuss strategies to increase the likelihood that the patient will use the safety plan when in crisis

3

Become familiar with the different areas of the safety plan

# Learning objectives

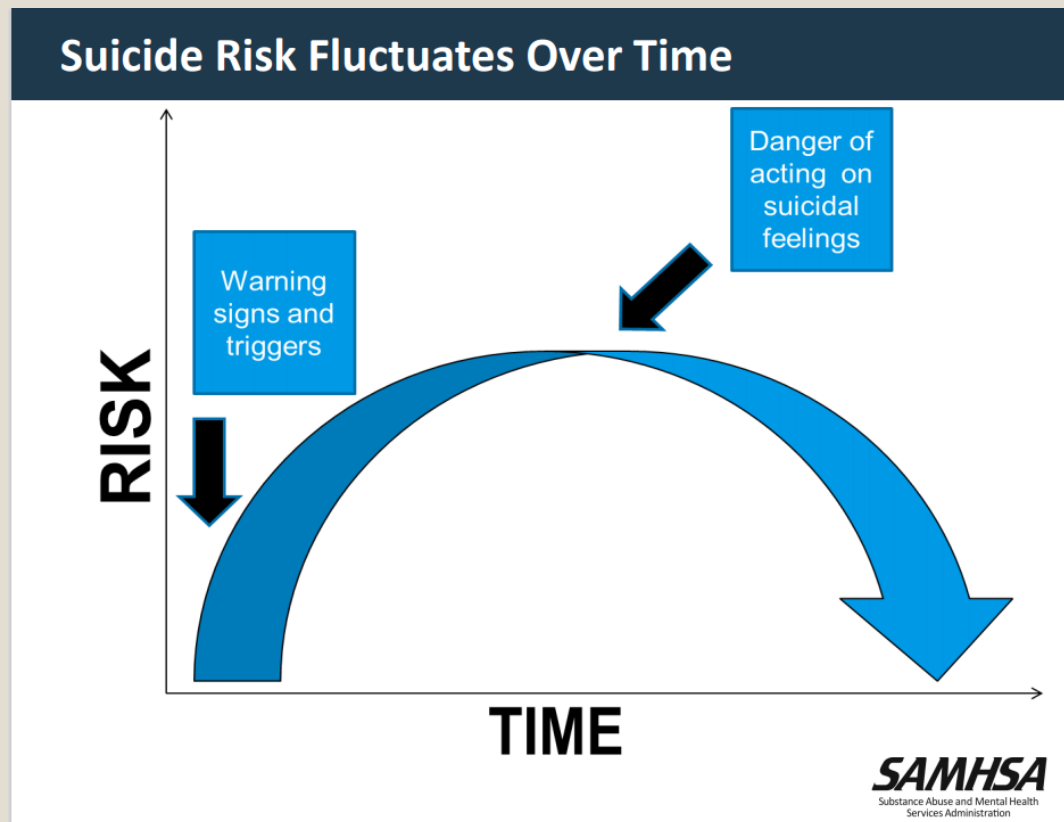
# What is a Safety Plan

- A well-constructed safety plan is:
  - A powerful tool enabling an individual to safely de-escalate a current or future crisis.
  - A prioritized written list of concrete coping strategies and resources that the individual has created for themselves, in collaboration with the therapist, to use when distressed or suicidal, in order to maintain safety and regain equilibrium.

Safety plan is NOT a “no-suicide contract”

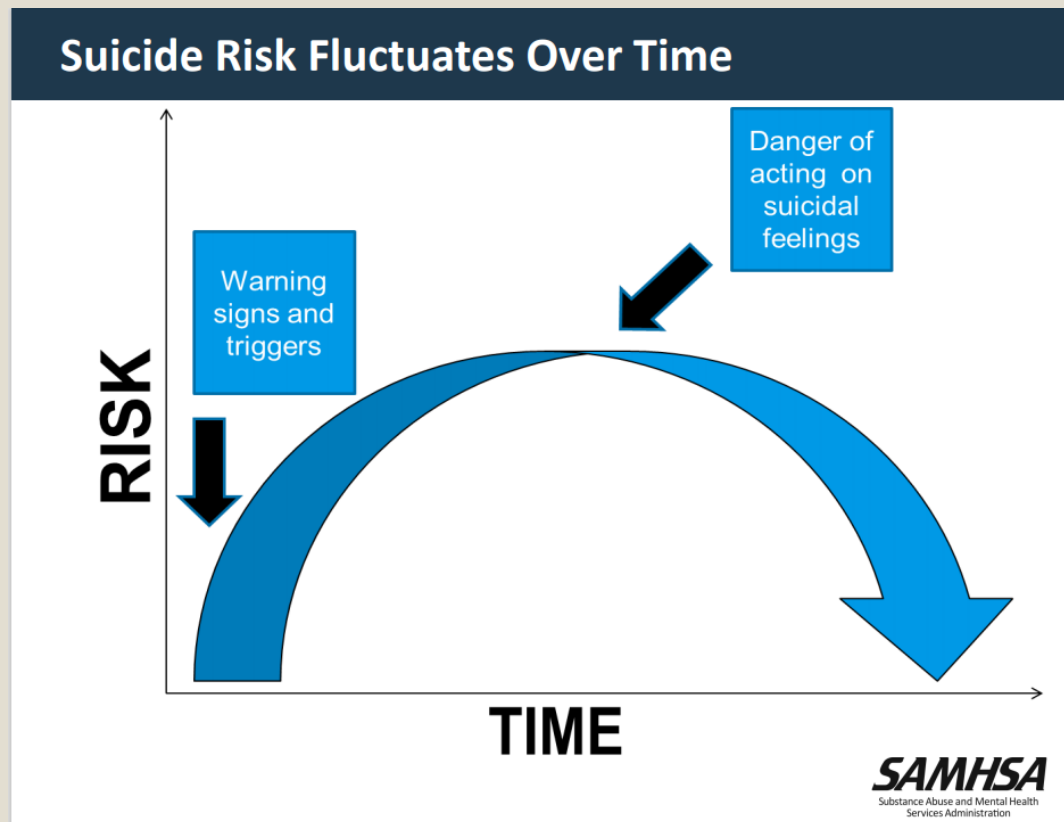
- Has no clinical effectiveness and not patient-centered

# Why is safety planning useful?



- Feelings of intense distress and suicidality fluctuate over time
- Data shows us that people who have struggled with suicidal intent are at high risk to struggle with suicidal intent again in the future.
  - Patterns of behavior

# Why is safety planning useful?



- A safety plan is designed to break the cycle that leads to suicidal behaviors early, providing individuals with a tool to prevent them from entering into a suicidal state
- The best way to prepare for a crisis is to have a plan.
- Goal is to maintain safety, reduce distress and speed recovery

# When should a safety plan be completed

- Safety Plans have been identified as a best practice by AFSP and SPRC
- With what individuals should a safety plan be completed?
  - Those who have made a recent suicide attempt
  - Those who have engaged in preparatory suicidal behavior, express suicidal ideation and/or have been diagnosed with a psychiatric disorder that increases suicide risk
  - Have otherwise been determined to be at a high or intermediate acute or chronic risk for suicide, based on a comprehensive suicide risk assessment.
- The safety plan should take 20-30+ minutes to complete, and should be completed collaboratively with the patient and mental health provider.

# Safety Plan Intervention Tasks

Identify/assess  
suicide risk

Obtain crisis  
narrative

Psychoeducation  
and introduce  
safety planning

Identify warning  
signs

Explain how to  
follow steps

Complete safety  
plan

Implement Safety  
Plan

Follow-up

Safety planning is a part of a comprehensive suicide risk assessment.



# Tips

Increase collaboration

Be a good listener

Use a paper form

Have the individual write

Provide instructions using the individual's own words

Address barriers and use problem-solving

# Tips

Understand the motivators 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 and maintain that suicide is not a good option. **VALIDATE THE GOOD OPTION**

Be familiar with the steps

Conversational development of the plan

Recognize strengths and skills

Draw on patient's history to support the positive side of the ambivalence

Bridging this intervention to therapy goals

# The Relationship

- Ask a patient to talk about the last time they were in a crisis or feeling suicidal:
  - Tell me what happened when you experienced a crisis and were in danger of acting on your suicidal feelings?
  - What was your thinking like at that time?
- Discuss that suicidal feelings will pass, but they can often come back; having a plan for how to cope can help them pass more quickly and successfully manage a suicidal crisis (suicide risk curve)
- A safety plan can help the patient NOT act on feelings, giving suicidal thoughts time to diminish and become more manageable
- Using the strategies can enhance self-efficacy and a sense of control
- Military SOP analogy
- Explain that a safety plan is a hierarchical list of coping strategies

# Introduction to Safety Planning

# 6 Steps

**Triggers, Risk  
Factors, and  
Warning Signs**

**Internal Coping  
Strategies**

**Social Contacts  
Who May  
Distract From  
Crisis**

**Family Members  
or Friends Who  
May Offer Help**

**Professionals  
and Agencies to  
contact for help**

**Making my  
Environment  
Safe**

## Patient Safety Plan Template

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 my problems without contacting another person (relaxation technique, physical activity):

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. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express permission. Completing and submitting the form on this web page [http://www.suicideprevention.com/page\\_8.html](http://www.suicideprevention.com/page_8.html) constitutes permission to use the template.

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

# Blank Safety Plan

# Step 1: Triggers, Risk Factors, and Warning Signs

Explain the purpose of this step:

Understanding personal warning signs helps the patient recognize when they may be approaching a crisis

Let's them know to refer to their plan and start using it to reduce their risk

Help the patient identify specific vs. vague warning signs

How will you know when you are in crisis and that the safety plan should be used?

What are your personal red flags?

# Step 1: Triggers, Risk Factors, and Warning Signs

Thoughts	Emotions	Behaviors
"I am worthless"	Depressed	Isolating
"I am a burden"	Anxious	Giving things away
"It's hopeless, it won't get better."	Agitated	Increase in substance use
"I can't stop using. I'm a loser."	Angry	Change in sleeping
"My family would be better off without me."	Ashamed	Risky behaviors
"Everyone hates me."	Overwhelmed	Loss of appetite



# Step 1: Triggers, Risk Factors, and Warning Signs

Sample responses:

1. When I feel unappreciated by my family
2. When I feel overwhelmed, especially by finances
3. When I start thinking that I'm a burden to my family

Reviewing this step:

Remind the individual that when they start to recognize warning signs, they should pull out their safety plan.

Explain that the plan should ordinarily be used in stepwise fashion unless they need emergency rescue.

# Step 2: Internal coping strategies

- Introducing this step:
  - Purpose is to distract the individual from their suicidal thoughts, which can help lower risk.
  - Ask individual to identify specific activities that can serve as strong distractors to suicidal thinking.
  - These should be activities the individual can engage on their own, without contacting another person.
  - Engaging in problem solving or responding to specific thoughts is often challenging to do during a crisis.
  - Best strategies here are simple, easy to use, and absorbing.

# Step 2: Internal Coping Strategies

- Specific activities are more helpful than vague ones:

Vague	Specific
“Watching television”	“Watching stand-up comedy on Netflix”
“Playing with apps on my phone”	“Using my Virtual Hope Box app”

- Do not endorse activities that are likely to increase suicide risk. (Drinking, sharpening knives, cleaning guns)

# Step 2: Internal Coping Strategies

How likely do you think you'll be able to do this during times of crisis?

Reviewing this step:

What might stand in the way of you doing each of these activities?

Coping memory is like muscle memory - practicing coping strategies will help them feel more automatic and helpful over time.

Use a collaborative, problem-solving approach to address potential roadblocks and identify alternative coping strategies

# Step 3: Social Contacts Who May Distract from the Crisis

## Introducing this step:

- People and social settings can be good distractors
- Clinicians and formal health/mental health providers should not be included in this step
- Remind the individual to use Step 3 if Step 2 does not resolve the crisis or lower the risk.

# Step 3: Social Contacts Who May Distract from the Crisis

Include phone numbers on the safety plan, and ensure they are programmed into the patient's cell phone.

Specific places should be identified rather than vague places.

Be sure that the identified person or places do not increase suicide risk (e.g., going to the bar, going to the shooting range)

Places that are readily accessible and frequently available are the best; social activities that require advanced planning are typically not helpful here.

Who can you contact who helps take your mind off your problems or helps you feel better?

What public places, groups or social events help take your mind off your problems?

## Step 3: Social Contacts Who May Distract from the Crisis

### Sample Responses:

#### Contact

- People I can contact
  - John Doe – 444-444-4444
  - Jane Smith – 555-555-5555
  - Frank Jones – 333-333-3333

#### Go

- Places I can go
  - Favorite Café – list name
  - Richardson Beach Park
  - Library
  - Vet Center
  - Swimming at Pahoa pool

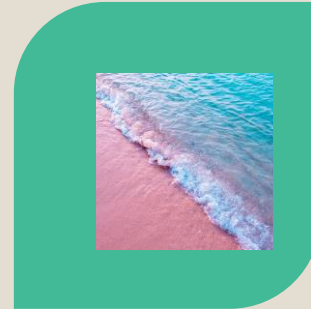
# Step 3: Social Contacts Who May Distract from the Crisis



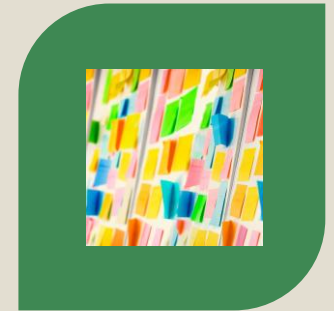
REVIEWING THIS STEP:



ASSESS LIKELIHOOD THAT  
INDIVIDUAL WILL CONTACT  
OTHERS OR VISIT PLACES LISTED  
DURING A CRISIS.



SHOULD NOT JUST BE  
PEOPLE/PLACES THAT "SOUND  
GOOD" TO THE CLINICIAN,  
INSTEAD SHOULD BE  
PEOPLE/PLACES THAT THE  
INDIVIDUAL IS LIKELY TO  
ENGAGE WITH AS DISTRACTIONS  
WHEN IN CRISIS.



DO NOT LIST PLACES  
THE INDIVIDUAL HAS  
NEVER VISITED OR  
HAS NO INTENTION  
OF VISITING.



Introducing this step:

Sometimes distraction is not enough, and the patient needs to disclose crisis to someone who can help.

Patient tells a family member or friend that he/she is in crisis and needs support. There might some overlap between people in Step 3 and Step 4

Remind the patient to use Step 4 if Step 3 does not resolve the crisis or lower risk

## Step 4: Family Members or Friends Who May Offer Help

# Step 4: Family Members of Friends Who May Offer Help

Include phone numbers on the safety plan, and ensure they are programmed into the individual's cell phone.

Opportunity to encourage the individual to share the completed Safety Plan with trusted family and friends.

- They may ask family members or friends to use or follow the Safety Plan if they observe that they're in crisis.

If the individual discloses having no friend/family support, then consider interventions to address social isolation or social skills.

Reviewing this step:

- Identify potential obstacles and problem-solve
- Role play with the Veteran may be helpful

Who are friends or family members who should be included on your plan?

Who would you feel comfortable reaching out to for support and help when you're in crisis?

# Step 5: Professionals and Agencies to Contact for Help

Introducing this step:

Sometimes the individual may need support from a mental health professional or agency to help resolve their crisis.

In this step, individual reaches out to a mental health professional, crisis line, or emergency service for help.

Remind the individual to use Step 5 if Step 4 does not resolve the crisis or lower risk

If you need to go to an emergency room or urgent care, where would you go?

## Step 5: Professionals and Agencies to Contact for Help

Who are the mental health professionals or agencies that should be included on your plan?

This step should not be left blank; if the individual does not name any other professional providers, list yourself as a provider to contact if appropriate to your role.

List names in the order the individual would contact them

Include phone numbers on the safety plan and encourage the individual to program the numbers in their phone.

Helpful to list days/hours that the clinician or agency is available

Remind individual to call 911 in an emergency

Do you see any therapists outside of the VA?



 **Veterans  
Crisis Line**  
1-800-273-8255 **PRESS 1**

**IT'S YOUR CALL**

Confidential help for  
Veterans and their families

• • • • Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net) or text to 838255 • • • •

# Professionals and Agencies to Contact for Help

Have you ever  
called the crisis line  
before?

What was that like for  
you? Would you call  
again if you were in  
crisis?

What concerns do  
you have about  
calling a crisis line?

## Sample Veteran Responses:

- 1. Jane Doe, LCSW Phone 222-222-2222
- 2. Dr. Doe, Psychiatrist Phone 333-333-3333
- Veterans Crisis Line - 1-800-273-8255 (TALK), Press 1 at the prompt
- Text 838255
- Online chat at [veteranscrisisline.net/help](https://veteranscrisisline.net/help)
- Hilo Urgent Care -
- ER at Hilo Medical Center

### Reviewing this step:

- Identify potential obstacles and problem solve
- Role play may be helpful

# Step 5: Professionals and Agencies to Contact for Help

- Introducing this step:
  - Easy access to lethal means significantly increases the risk for suicide and subsequent death.
  - Doesn't allow the patient enough time to use the steps in the Safety Plan
  - Reducing or slowing access to means is a highly effective strategy to prevent suicide.
  - <https://youtu.be/NIIYHYJcUrQ>

## Step 6: Making the Environment Safe

# Step 6: Making the environment safe

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Assess whether an individual has a specific method or plan for suicide

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Determine the individual's access to any lethal means

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Collaborate with the individual to find acceptable, voluntary options that eliminate, reduce, or slow access to these means

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Do not limit the discussion of lethal means to the one the individual identifies as most likely

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Explore who the individual can enlist to help them limit access to lethal means

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Adding items (pictures, quotes, etc) to individual's environment to remind of reasons for living

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What can we do to make the environment safer?

What items in your environment might you use to hurt yourself?



# Step 6: Making the Environment safe - Firearms

- ALWAYS ask about access to firearms
- If yes, ask how firearm and ammunition are stored
- Offer a gun lock
- Discuss options for safe storage
  - Locking the gun and giving key to trusted friend or relative
  - Removing the firing pin and giving to a friend or neighbor
  - Temporary off-site storage when feasible

I know that guns are important to you. Let's work on a plan that will keep you safe and work well for you.

Sometimes when a gun owner is struggling in the ways you've described, they lock their guns at home and ask a trusted friend or family member to hold the key. Is that something you'd consider?

- Veterans who are prescribed opioid medication either through the VA or one of our community providers are automatically also given a Naloxone Rescue Kit.
- Important to talk with individuals about ways to limit immediate access to large amounts of medication during times of crisis.
  - If a Veteran is determined to be at high risk for suicide, VA only provides two weeks worth of medications refills at a time.
  - Discuss disposing of medication that is no longer needed through appropriate and safe methods (mailing in, dropping off at police departments or other drop off locations).



## Step 6: Making the Environment Safe: Opioids

## Step 6: Making the Environment Safe

### [OVERDOSE PREVENTION | HHHRC](#) – Hawai'i Health and Harm Reduction Center

If you live in Hawai'i and want naloxone, please call us for assistance at (808) 853-3292.

[CLICK HERE FOR A LIST OF OVERDOSE RESOURCES IN HAWAI'I](#)

[LEARN ABOUT THE HAWAII OPIOID INITIATIVE MEDICATION TAKE-BACK PROGRAM](#)

*Note: the above link directs to an external website.*

### Naloxone

The medication Naloxone has been proven to stop the effects of opioid overdose and save lives, and is legal to carry in the state of Hawai'i. Naloxone can be provided by HHHRC staff to any individuals who want it. Our naloxone program is free and anonymous, and available on O'ahu, Kaua'i, Maui, and Hawai'i Island. **If you live in Hawai'i and want naloxone, please call us for assistance at (808) 853-3292.**



[CLICK HERE TO REQUEST A FREE MAIL-ORDER NALOXONE KIT!](#)

## Sample Veteran Responses:

### Ways to make my environment safer:

- I'll get rid of my old meds by sending them in through the medication return bags the VA provides; consider getting a lockbox for my meds, use a gun lock on my gun and give my neighbor Denise the key.

### People who will help me protect myself from having access to dangerous items:

- My neighbor Denise - 444-444-4444

### Planned follow-up date with my therapist:

- March 21, 0900

# Step 6: Making the environment safe

# Step: Making the Environment Safe

Reviewing this step:

Set a date to review with the individual whether they have been able to implement the steps in the plan.

Explore ambivalence or doubt about reducing access to lethal means

Set a date to follow up with the individual that the agreed upon steps have been implemented.

For additional training on Lethal Means Safety Counseling, please contact Wendy Schwartz, LCSW 808-758-4129 / [wendy.schwartz@va.gov](mailto:wendy.schwartz@va.gov)

[CALM: Counseling on Access to Lethal Means | Suicide Prevention Resource Center \(sprc.org\)](#)

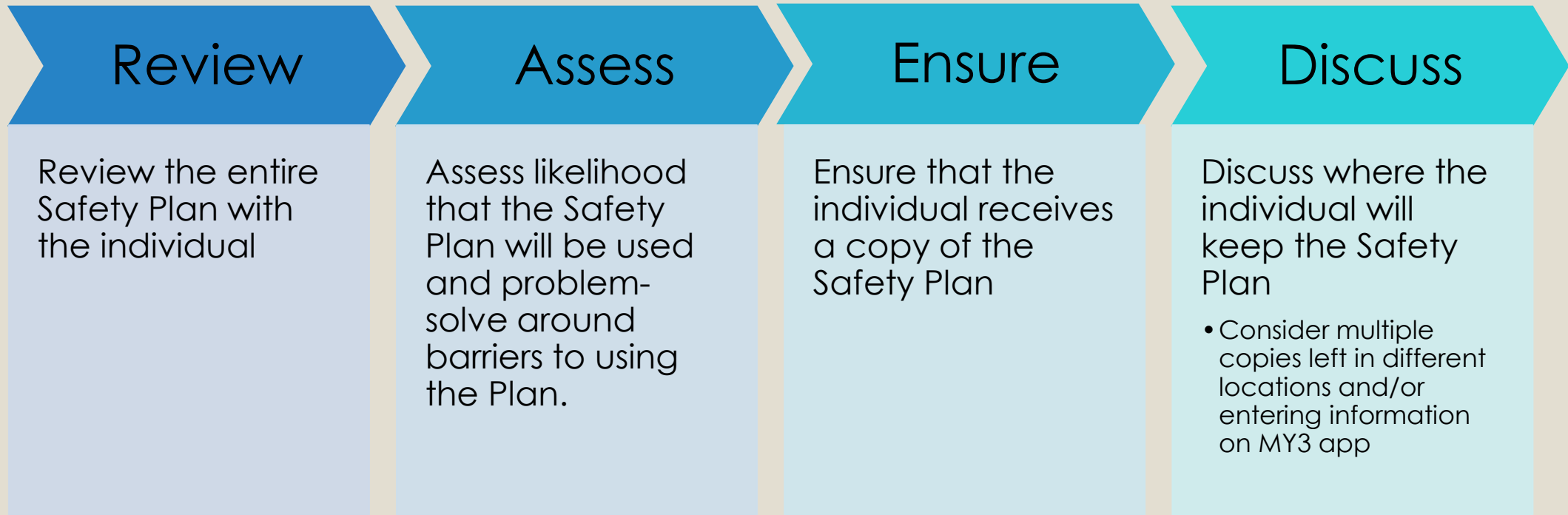
# Wrapping up the Safety Planning Intervention

Verify the Veteran's physical address

Offer additional resources

- MY3 Safety Planning App
- Virtual Hopebox App
- Maketheconnection.net
- Vetsprevail.org

# Wrapping up the Safety Planning Intervention



# Safety Contacts

Explain purpose of safety contacts

Ask if the Veteran has a family member, friend or other trusted person whom you could contact if you were concerned about Veteran's Safety and could not reach Veteran.

Ensure an ROI is completed and on file for safety contacts

Document if individual declines to provide a safety contact



# Conclusion:

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The Safety Plan is not a static/one-time intervention

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Should be reviewed and revised, especially after a crisis, or after the individual has had a chance to use the plan

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Review the Safety Plan periodically with the individuals when circumstances or needs change.

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1. Do you remember the last Safety Plan you developed?

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2. Have you actually used the Safety Plan?

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3. If so, was the Safety Plan helpful for preventing you from acting on your suicidal thoughts and urges? If not, why not?

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4. How can the Safety Plan be revised so that it is more helpful to you?

## Resources for Clinicians

# SUICIDE RISK MANAGEMENT Consultation Program FOR PROVIDERS WHO SERVE VETERANS

### Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

### Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

*#NeverWorryAlone*

[www.mirecc.va.gov/vlsn19/consult](http://www.mirecc.va.gov/vlsn19/consult)

To initiate a consult email:  
[SRMconsult@va.gov](mailto:SRMconsult@va.gov)

### VA/DoD Clinical Practice Guideline

## Assessment and Management of Patients at Risk for Suicide

### GUIDELINE SUMMARY



VA/DoD Evidence Based Practice

[www.healthquality.va.gov/guidelines/MH/srb](http://www.healthquality.va.gov/guidelines/MH/srb)

# Questions?

- References:
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- Suicide Safety Planning Training: Talent Management System, Department of Veterans Affairs, VA 36232
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- CDC. Violence Prevention Suicide Fast Fact: <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>