

Step 6: MAKING THE ENVIRONMENT SAFE

- ◇ Ask veterans 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 veterans to remove or restrict their access to these methods themselves.
- ◇ Restricting the veteran'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 veteran to identify barriers or obstacles to using the plan.

Discuss where the veteran will keep the safety plan and how it will be located during a crisis.

Evaluate if the format is appropriate for the veterans' capacity and circumstances.

Review the plan periodically when veteran's circumstances or needs change.

REMEMBER: THE SAFETY PLAN IS A TOOL TO ENGAGE THE VETERAN AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN



Department of
Veterans Affairs

Safety Plan QUICK GUIDE for Clinicians

WHAT IS A SAFETY PLAN?

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

WHO SHOULD HAVE A SAFETY PLAN?

Any veteran who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the veteran on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the veteran in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.

Clinicians are strongly advised to read the manual, "*VA Safety Plan Treatment Manual to Reduce Suicide Risk*," and review associated video training materials at the following link:

http://vaww.mentalhealth.va.gov/files/suicide_prevention/VA_Safety_planning_manual_8-19-08revisions.doc



Employee Education System

IMPLEMENTING THE SAFETY PLAN: 6 STEP PROCESS

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 distressed?"***
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the veteran's own words.

Step 2: Internal Coping Strategies

- Ask ***"What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"***
- Assess likelihood of use: Ask ***"How likely do you think you would be able to do this step during a time of crisis?"***
- 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 ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct veterans to 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).

Step 3 cont'd

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

Step 4: Family Members or Friends Who May Offer Help

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

- Instruct the veterans to 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, VA Suicide Prevention Coordinator, VA Suicide Prevention Hotline (1-800-273-TALK (8255)).
- Assess likelihood veteran will engage in this step; ID potential obstacles, and problem solve.