WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

1. **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.
2. **DISCUSS** where the Veteran will keep the safety plan and how it will be found during a crisis.
3. **EVALUATE** whether the format is appropriate for the Veteran's capacity and circumstances.
4. **REVIEW** the plan periodically when the 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.

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://www.mentalhealth.va.gov/providers/suicideprevention/index.asp

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U.S. Department of Veterans Affairs

1-800-273-8255 PRESS 1

Veterans Crisis Line

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255**

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 that Veterans who have been deemed to be at high risk for suicide can use before or during a crisis. The plan is **brief**, **easy to read**, and in the **Veteran's own words**.

U.S. Department of Veterans Affairs

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• • • • • • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

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 YOU MAKE A SAFETY PLAN?

Listen to, empathize with, and engage the Veteran in the process. Safety planning is a clinical process, and involving the Veteran can promote the development of the safety plan and increase the likelihood of its use.

DEVELOPING THE SAFETY PLAN

There are six steps involved in the development of a safety plan.

IMPLEMENTING THE SAFETY PLAN

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 prevent yourself from acting on your thoughts or urges?"***
- ☐ Assess likelihood of use: Ask ***"What do you think is the likelihood that 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 identify alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- ☐ Instruct the Veteran to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- ☐ Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- ☐ Ask ***"Who or what social settings help you take your mind off your problems at least for a little while?"*** or ***"Who helps you feel better when you socialize with them?"***
- ☐ Ask for safe places where the Veteran can go, such as a coffee shop, to be around people.
- ☐ Ask the Veteran to list several people and social settings, in case the first option is unavailable.
- ☐ Assess the likelihood that the Veteran will engage in this step; identify potential obstacles and problem solve as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- ☐ Instruct the Veteran to use Step 4 if Step 3 does not resolve the 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 the Veteran 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 the likelihood that the Veteran will engage in this step; identify 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 Veteran 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 who should be added?"***
- ☐ List names, numbers, and/or locations of clinicians, local urgent care services, a VA Suicide Prevention Coordinator, and VA's Veterans Crisis Line (1-800-273-8255 and Press 1, confidential chat at VeteransCrisisLine.net, or text to 838255).
- ☐ Assess the likelihood that the Veteran will engage in this step; identify potential obstacles and problem solve.

Step 6: Making the Environment Safe

- ☐ Ask the Veteran which means he or she would consider using during a suicide 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 firearms, should be done by a designated responsible person—usually a family member, close friend, or the police.