## 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

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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?"
	<b>List warning signs,</b> 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?"
	<b>Use</b> 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.
_	<b>Ask patient</b> "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 6	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.
	<b>Ask patient</b> "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.
	<b>List</b> 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).
Sten	7. Remembering reasons for living
-sicp	Ask patient to list their reasons for living, including answers to the following: "The things that are most important to me and
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worth living for are:"

Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

Reference: Stanley, B., Brown, G. K., Korlin, B., Kernp, J., & VonBergen, H. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

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