

# BASIC SUICIDE PREVENTION SAFETY PLANNING

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This breakout is intended to build skills and confidence in supporting someone at risk of suicide, using a safety planning intervention to increase safety and manage suicidal distress.

Objectives:

1. Understand the benefits of/research behind safety planning
2. Learn about the components of safety planning
3. Be able to create a robust, useful safety plan

# OVERVIEW

- Research behind Suicide Prevention Safety Planning
- Overview of the plan and process
- Additional focus on:
  - Lethal means reduction
  - Reasons for living

# THE PROBLEM OF FOLLOW-UP AND FOLLOW-THROUGH

- About 420,000 individuals a year present at EDs for suicidality
- Suicide risk remains high for at least six months following an ED visit and is increased for those who present at EDs
- Nearly HALF of suicidal ED patients do not attend outpatient treatment or drop out quickly



TREATMENT AS  
USUAL



# WHAT IS SAFETY PLANNING?

- In the words of one of the originators of the Suicide Prevention Safety Plan Intervention, Dr. Barbara Stanley:
  - Its a clear and detailed, step-by-step, emergency response plan
  - Aimed at keeping suicidal individuals safe until CBT can be delivered or pharmacotherapy can take effect
  - Suicidality is known to ebb and flow -- when a suicidal person can stave off suicidal urges, the urges can dissipate
  - [https://www.youtube.com/watch?v=f4dYmWxAK\\_Q](https://www.youtube.com/watch?v=f4dYmWxAK_Q)

# SAFETY PLANNING SAVES LIVES

## *COMPARED TO NO-SUICIDE CONTRACTS:*

- Stanley, Brown, Brenner, et al (2018)
  - Individuals who safety planned in the ED were half as likely to exhibit suicidal behavior and twice as likely to present for outpatient MH appointments
- Zonana, Simberlund & Christos (2018)
  - Safety plans reduce suicidal behavior, increase crisis call use and decrease hospitalizations
- Gamarra, Luciano, Gradus, et al (2015)
  - Veterans with higher quality safety plans are less likely to be hospitalized in the year after safety planning

# CRAIG BRYAN, PSYD AT NCVS WITH MILITARY SAMPLES

- Bryan, Mintz, Clemans, et al. (2017) – Impact on SI & behavior
  - Both attempts and ideation were reduced for those with safety plans as compared to CFS (Contract for Safety)
- Bryan, Mintz, Clemans, et al. (2018) – Impact on mood and hospitalizations
  - Safety Planning linked to reductions in negative and increases in positive emotions
  - Enhanced safety planning (i.e., includes Reasons for Living) was linked to a decrease in psychiatric hospitalization
- Bryan, May, Rozek, et al (2018) – Those who made and used safety plans were more likely to recall behavioral coping strategies and less likely to be hospitalized

# GIVING CREDIT WHERE CREDIT IS DUE

- The evidence-base for suicide prevention safety planning has been anchored by the work of Gregory Brown, PhD & Barbara Stanley, PhD, disseminated at the VA by Wendy Batdorf, PhD as well as the Rocky Mountain MIRECC
- **SINCERE THANKS** for these clinicians training others in suicide prevention safety planning as an **INTERVENTION** that can be **STANDARDIZED**
- Several of the slides in this presentation are used with permission from the VA Advanced Training in the Safety Planning Intervention (ASPI) Program
  - For more information about the ASPI Program, please visit <http://suicidesafetyplan.com/>
  - This presentation is not intended to replace or substitute the intensive didactic and experiential training provided in the ASPI program. Additional competency-based training is recommended to obtain the necessary skills to implement this intervention. This presentation alone does not provide equivalent training to the EBP training programs.

# SETTING THE STAGE

RATIONALE,  
crisis narrative  
& collaboration

# HELP THE CLIENT SEE THE RATIONALE

- Recognize ☐ Avert crisis
- “How do you think when you are in crisis?” (i.e., fight or flight)
  - Memory/attention? Planning? Impulsivity?
- Help client see that suicidal/crisis feelings are not indefinite
- Symptoms are now personal red flags for action
- Military metaphors – DRILL and Standard of Practice



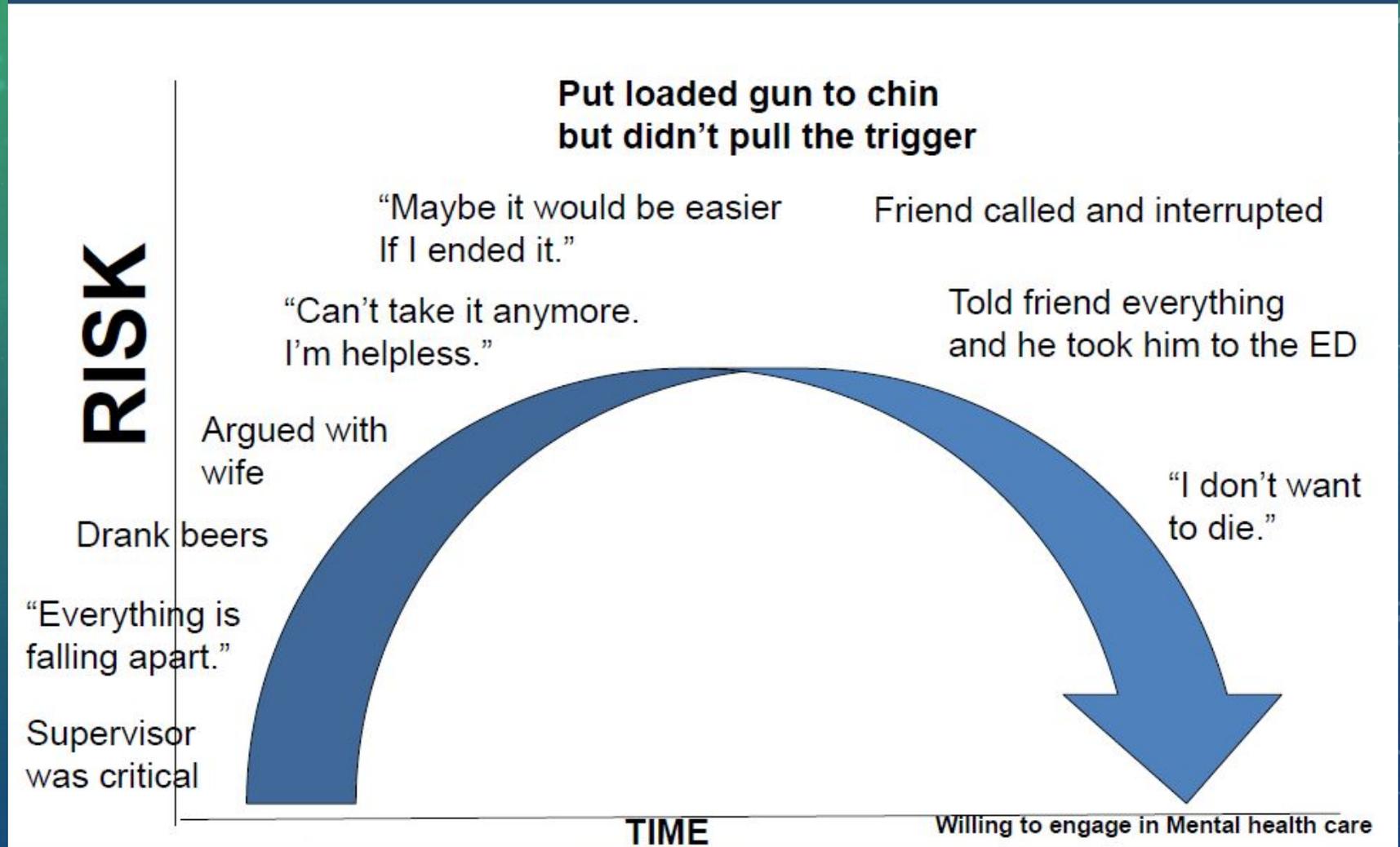
## IT ALL STARTS WITH A CRISIS NARRATIVE

“Would you tell me what you experienced in your recent crisis, when you were in danger of acting on your suicidal feelings?”

# IN THE NARRATIVE, LOOK FOR SPECIFIC...

- Thoughts
- Mind quality (e.g., racing)
- Images
- Intense emotions
- Physical Sensations
- Behaviors
- External events
- Stressors

# Suicide Risk Curve: Case Example



FROM Brown, Stanley & Batdorf (April 2020)



Choose VA

VA



U.S. Department of Veterans Affairs

# COLLABORATION IS KEY

- Veteran can feel alone and embarrassed
  - Normalize
  - Offer empathy & support
- Clinician takes an active approach at each step of the process
  1. Explains rationale for the step
  2. Brainstorms ideas with the client but let them offer choices first
  3. Assesses feasibility and addresses road-blocks
- Take time out and turn toward the client
- Pen & paper and then using the computer can help here

# THE SAFETY PLAN

7 sections  
to Improved  
safety  
& outlook

# SECTIONS OF A SAFETY PLAN

1. Triggers/Risk Factors/Warning signs
2. Internal Coping Strategies
3. Social contacts & Settings to Distract
4. Family or friends who can help
5. Professionals/VCL
6. Making the environment safe
7. **Reasons for Living**

**Patient Safety Plan Template**

**Step 1: Warning signs (thoughts, images, mood, situation, behaviors) that a crisis may be developing:**

1. Recurrent dreams about past traumatic life events
2. Continued, unrelenting pre-occupation about traumatic
3. Major life events, family deaths/losses that can trigger my PTSD

**Step 2: Internal coping strategies: Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activities)**

1. Prepare or buy homemade meal & give friends over
2. Go for a walk & listen to my favorite music
3. Create hand art

**Step 3: People and social settings that provide distraction:**

1. Name: <u>Pe / Andrea</u>	Phone: <u>                    </u>
2. Name: <u>Coffee &amp; Band time / Tracy</u>	Phone: <u>                    </u>
3. Name: <u>Chickasaw Cultural Center / Read Trip</u>	Phone: <u>                    </u>

**Step 4: People whom I can ask for help:**

1. Name: <u>Sabrina</u>	Phone: <u>                    </u>
2. Name: <u>Dominic</u>	Phone: <u>                    </u>
3. Name: <u>Christopher</u>	Phone: <u>                    </u>

**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. Always dispose of leftover prescription medications
2. Limit exposure to negative/toxic people. Keep relationships healthy

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The one thing that is most important to me and worth living for is:  
Family - I want to honor my family & be a good ancestor for my descendants

# QUALITY & COMPLETENESS



- Remember the notion of S.M.A.R.T. goals when making safety plans
- More detail is better:
  - Identified coping strategies
  - Specific support people
  - Making sure listed telephone numbers and addresses are current
- Takes about 20-30 minutes

# EASY TO READ & EASY TO FOLLOW

- Use the patients own words
- Hand-written works well
  - Index cards
  - Safety plan templates
- Guide Veteran to follow the steps until suicidal crisis subsides
  - If one section is not helpful, go to the next step
  - Remind that they can certainly reach out for support at any time
- Use **VIEW PURPOSE** & **TIPs** suggestions throughout the template

# STEP 1: TRIGGERS, RISK FACTORS AND WARNING SIGNS

- **RATIONALE** – Signs and symptoms become a cue to use the Safety Plan
- Identify specific thoughts, images, emotions, physical sensations, or behaviors
  - May need to refer to CRISIS NARRATIVE
- **Internal experience is more useful than external!**
  - If Veteran mentions an external trigger, follow-up by asking how the respond

# SPECIFIC EXAMPLES OF WARNING SIGNS

- **Thoughts:** “I feel worthless.” “I feel like a burden to my family.” “It’s hopeless; things won’t change or get better.” “There is no way out other than to kill myself.”
- **Mind quality:** Having racing thoughts, thinking about many problems with no conclusions
- **Intense Emotions:** Feeling very depressed, anxious, angry, shame.
- **Physical Sensations:** not sleeping, loss of appetite,
- **Behaviors:** Isolating self, pacing, giving things away, crying a lot, drinking more than usual

# STEP 2:

## INTERNAL COPING STRATEGIES

- **RATIONALE** – Ways to get one’s mind off the crisis situation to let emotions settle
- These are things one can do to **distract** without anyone around (the “3am rule”)
  - Go beyond everyday activities and common coping strategies
  - Guide Veterans away when they want to rely on family/partners here
- Virtual Hope Box app & [www.dbtselfhelp.com](http://www.dbtselfhelp.com) can be helpful resources
- NOTE:
  - Disputing negative thoughts noted in the “warning signs” section is not usually possible in crisis
  - Do not endorse distracting activities that are likely to increase suicide risk such as “having a few drinks,” “sharpening knives,” “cleaning my firearms,” etc. 😊

## LET'S PRACTICE

Internal Coping Strategies listed:

- Video games
- Call a buddy
- Listen to music
- Watch comedy
- Go outside

***HOW CAN WE IMPROVE THESE?***

## STEP 3: SUPPORTIVE CONTACTS WHO MAY DISTRACT FROM THE CRISIS

- **RATIONALE** – Identifying individuals who can provide distraction can further mitigate a crisis
- Use these supports if internal coping strategies aren't helping
- Don't get bogged down if the Veteran doesn't want to list specific people, though try to get as specific as the will allow
  - Can list by nicknames
  - May also indicate "Veteran describes a lack of social contacts"

# PUBLIC PLACES TO TAKE THE MIND OFF CRISIS

- Specific places should be identified rather than vague places:
  - Such as coffee shops, malls, churches, clubs, support groups, 12-step meetings, Vet Center
- Be sure that the identified person or place does not increase suicide risk, such as going to the bar, as well as places the Veteran will actually go
- Also, places that are readily accessible and frequently available are best.
- Social activities that require advanced planning are not typically helpful here.
- **WITH EACH SECTION – Assess feasibility and address obstacles**

## STEP 4: FAMILY OR FRIENDS WHO MAY OFFER HELP

- **RATIONALE** – When the crisis mounts, we need supportive others who can help keep us safe or get us to safety
  - Be sure to distinguish distractors from safety sources
- If s/he is willing, have the Veteran look up and write actual telephone numbers (rather than, “They’re in my phone.”)
- It is okay to leave this section blank after discussion, but you must select one or both items at the bottom of this section, stating that:
  - Veteran describes a lack of family or friends
  - Veteran chooses not to disclose distress to friends or family.

# USE THIS STEP AS A SPRING BOARD FOR ADDITIONAL INTERVENTION

- **FOR THOSE WHO HAVE SUPPORTS** – Encourage them to share the safety plan with trusted others
- **FOR THOSE WITHOUT SUPPORTS** – Brainstorm ways for them to increase the level of social support:
  - PRRC
  - Vet Center
  - 12-step groups
  - NAMI
  - Social skills training



# STEP 5: PROFESSIONALS & AGENCIES TO CONTACT FOR HELP

- **RATIONALE** – This section provides ready access to the ways to contact professionals/services to reach out to if previous steps did not resolve the crisis.
- This section should not be left blank; if the Veteran does not name any other professional contacts, list yourself as a provider to contact, if appropriate to your role.
- List the numbers in the order the Veteran would call them.

# STEP 6: MAKING THE ENVIRONMENT SAFE

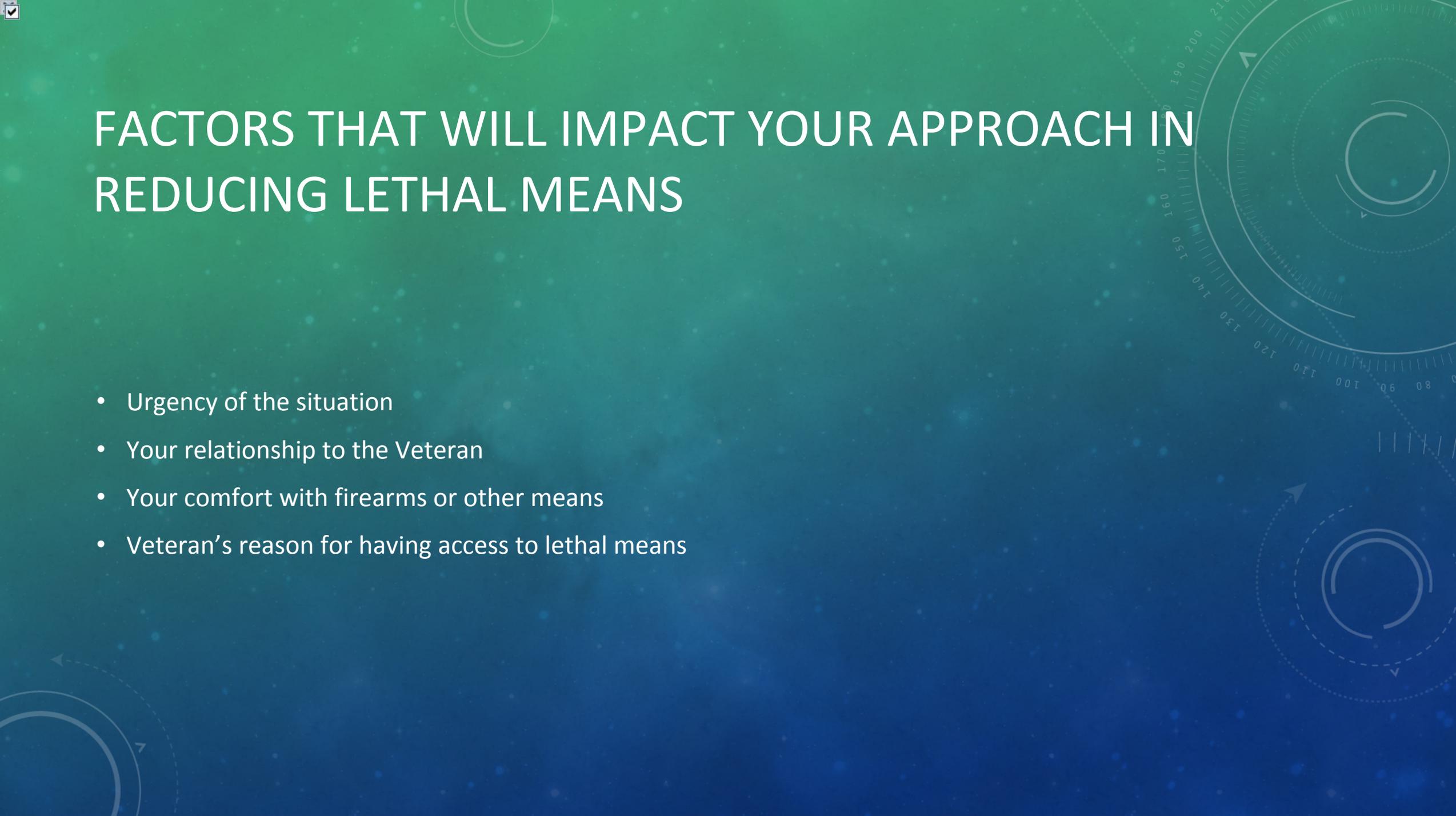
- **RATIONALE** – Reducing access to all lethal means can help keep a Veteran safe in a moment of crisis
- Collaborate with Veteran to find acceptable, voluntary options that reduce access to those means and make the environment safer.
  - Gun safety/safe storage rather than gun restriction
- Motivational interviewing principles (e.g., tying to other goals, weighing pros/cons, increasing change talk) and a Veteran-centric approach will be helpful here
  - If goal is self-protection, discuss other potential ways to protect self/family
  - May involve trusted family and friends to help with barriers

# QUESTIONS TO ASK

- **What items in your environment might you use to hurt yourself?**
  - These may include weapons, firearms, drugs, medications, household toxins, alcohol or other potentially lethal items.
  - If the Veteran has a plan for suicide, be sure to explore access to the means for that plan.
- **What can we do to make the environment safer?**
  - Discuss safe storage of firearms (e.g., gun locks, gun safes, storing ammunition away from firearms)
  - Medication safety involves medication lock boxes, smaller amounts in the home, relying on family for storage/dispensation, opiate education & naloxone

# VIDEO DEMONSTRATION

- Dr. Craig Bryan - Firearm Safety Counseling:  
[https://www.youtube.com/watch?v=-GSo1np\\_LUY&list=PL18STxWYFOZsj0ZLXAsYvSF8qwrNuTXnZ&index=7](https://www.youtube.com/watch?v=-GSo1np_LUY&list=PL18STxWYFOZsj0ZLXAsYvSF8qwrNuTXnZ&index=7)



# FACTORS THAT WILL IMPACT YOUR APPROACH IN REDUCING LETHAL MEANS

- Urgency of the situation
- Your relationship to the Veteran
- Your comfort with firearms or other means
- Veteran's reason for having access to lethal means

## BE SURE TO ADD – **STEP 7: REASONS FOR LIVING**

- Research (e.g., Bakhiyi, Calati, Guillaume, et al, 2016; Bryan, Oakey & Harris, 2018) indicates that reasons for living are negatively correlated with suicidal thinking and behavior
- Brief Reasons for Living Inventory (Cwik, Siegmann, Willutzki, et al, 2017) has six subscales:
  - Fear of suicide, responsibility to family, survival and coping beliefs, child-related concerns, moral objections, and fear of social disapproval
  - Desire to learn or experience something, family-related or otherwise)
- **ASK: What are people, goals, beliefs or experiences that would be important to remind you of in moments of crisis to give you a will to live?**



# NEXT STEPS

Wrapping up the plan

Using Apps

Additional Training

# WRAPPING UP THE PLAN

- Review the plan with the Veteran and assess how likely s/he is to use it
  - Problem-solve barriers to using the plan
  - Assign homework? (e.g., using a particular strategy; adding more to the plan)
- Discuss where the Veteran will keep the plan
  - **MILLENIAL HACK** - Take a pic of the plan
- Make sure the Veteran gets a copy
- Set a date to review the plan

## App Store Preview



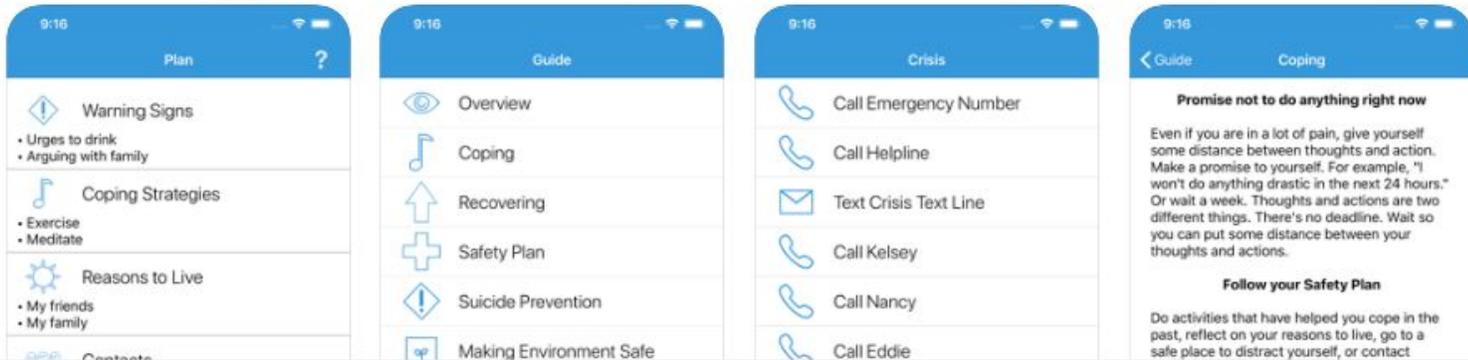
### Suicide Safety Plan 12+

Stay safe during a crisis  
Eddie Liu

★★★★★ 5.0, 14 Ratings

Free

## Screenshots iPhone iPad



### Ask a Pharmacist

★★★★★

All your VA pharmacies and trusted medication info here.

Web



### Mindfulness Coach

★★★★★

Be in the moment! Learn mindfulness to reduce stress.



### CBT-i Coach

★★★★★

Engaged in CBT-I and want extra support? The Coach is here.

iOS Android



### MobileKidney

★★★★★

Track kidney health and learn about other disease topics.



### Concussion Coach

★★★★★

Customizable tool to help manage concussion symptoms.

iOS Android



### Mood Coach

★★★★★

Boost your mood through positive activities with this app.



### CPT Coach

★★★★★

App to enhance CPT treatment with a mental health provider.

iOS



### MOVE! Coach

★★★★★

Looking for weight loss support? This app is for that.



# TRAINING VIDEOS FROM DR. CRAIG BRYAN WITH THE NATIONAL CENTER FOR VETERAN'S STUDIES

- Introducing a Safety plan to a client:

<https://www.youtube.com/watch?v=KqYMqaB9kzg&list=PL18STxWYFOZsj0ZLXAsYvSF8qwrNuTXnZ&index=5>

- Firearm Safety Counseling:

[https://www.youtube.com/watch?v=-GSo1np\\_LUY&list=PL18STxWYFOZsj0ZLXAsYvSF8qwrNuTXnZ&index=7](https://www.youtube.com/watch?v=-GSo1np_LUY&list=PL18STxWYFOZsj0ZLXAsYvSF8qwrNuTXnZ&index=7)

# TAKE-HOME MESSAGES

- Safety planning is an **evidence-based intervention** that saves lives
- The best plans are actionable, in the Veteran's own words, and constantly being updated
- Clinicians set the tone for the utility of safety plans
- Reducing access to lethal means and reasons for living are essential components of safety planning

*IF YOU ONLY HAVE TIME FOR ONE INTERVENTION*

**MAKE A SAFETY PLAN!**

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