

# The Safety Planning Intervention to Reduce Suicide Risk

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# Learning Objectives

1. Describe the evidence supporting the Safety Planning Intervention
2. Describe the rationale for the Safety Planning Intervention
3. Describe the foundational skills for conducting the Safety Planning Intervention

# Stanley-Brown Safety Planning Intervention

Brief, evidence-based clinical intervention that results in a collaboratively-developed, prioritized list of warning signs, coping strategies, and resources for individuals to use during a suicidal crisis

STANLEY & BROWN SAFETY PLAN	
<b>Step 1: Warning signs:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1. Name _____	Contact _____
2. Name _____	Contact _____
3. Place _____	4. Place _____
<b>Step 4: People whom I can ask for help during a crisis:</b>	
1. Name _____	Contact _____
2. Name _____	Contact _____
3. Name _____	Contact _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1. Clinician/Agency Name _____	Contact _____
Clinician Pager or Emergency Contact # _____	
2. Clinician/Agency Name _____	Contact _____
Clinician Pager or Emergency Contact # _____	
3. Local Emergency Department _____	
Emergency Department Address _____	
Emergency Department Phone _____	
4.	988 Suicide & Crisis Lifeline: <b>988</b>
<b>Step 6: Making the environment safe (plan for lethal means safety):</b>	
1.	_____
2.	_____

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## Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk

Barbara Stanley, *Columbia University College of Physicians & Surgeons  
and New York State Psychiatric Institute*

Gregory K. Brown, *University of Pennsylvania School of Medicine*

*The usual care for suicidal patients who are seen in the emergency department (ED) and other emergency settings is to assess level of risk and refer to the appropriate level of care. Brief psychosocial interventions such as those administered to promote lower alcohol intake or to reduce domestic violence in the ED are not typically employed for suicidal individuals to reduce their risk. Given that suicidal patients who are seen in the ED do not consistently follow up with recommended outpatient mental health treatment, brief ED interventions to reduce suicide risk may be especially useful. We describe an innovative and brief intervention, the Safety Planning Intervention (SPI), identified as a best practice by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for Suicide Prevention ([www.sprc.org](http://www.sprc.org)), which can be administered as a stand-alone intervention. The SPI consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis. The basic components of the SPI include (a) recognizing warning signs of an impending suicidal crisis; (b) employing internal coping strategies; (c) utilizing social contacts and social settings as a means of distraction from suicidal thoughts; (d) utilizing family members or friends to help resolve the crisis; (e) contacting mental health professionals or agencies; and (f) restricting access to lethal means. A detailed description of SPI is described and a case example is provided to illustrate how the SPI may be implemented.*





Research

JAMA Psychiatry | [Original Investigation](#)

## Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

Barbara Stanley, PhD; Gregory K. Brown, PhD; Lisa A. Brenner, PhD; Hanga C. Galfalvy, PhD; Glenn W. Currier, MD; Kerry L. Knox, PhD; Sadia R. Chaudhury, PhD; Ashley L. Bush, MMA; Kelly L. Green, PhD

[+ Author Audio Interview](#)

**IMPORTANCE** Suicidal behavior is a major public health problem in the United States. The suicide rate has steadily increased over the past 2 decades; middle-aged men and military veterans are at particularly high risk. There is a dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care.

**OBJECTIVE** To determine whether the Safety Planning Intervention (SPI), administered in EDs with follow-up contact for suicidal patients, was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.

# Safety Planning Intervention: VA Study

*Stanley, B., Brown, G.K., Brenner, L.A. et al. (2018). JAMA Psychiatry*

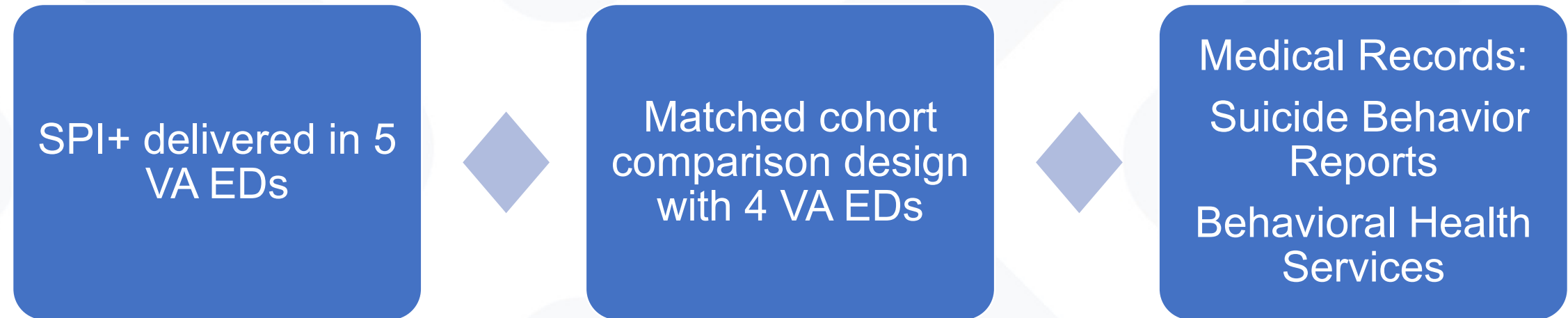
Safety Plans  
administered in the ED  
to patients who were  
experiencing a suicidal  
crisis but did not  
require hospitalization  
(moderate risk)

Structured Follow up  
phone calls to assess  
risk and review and  
revise the safety plans  
(SPI+)

Enrollment: N=1,640,  
Mean age = 48  
(SD=14), 88% men

# Safety Planning Intervention: VA Study

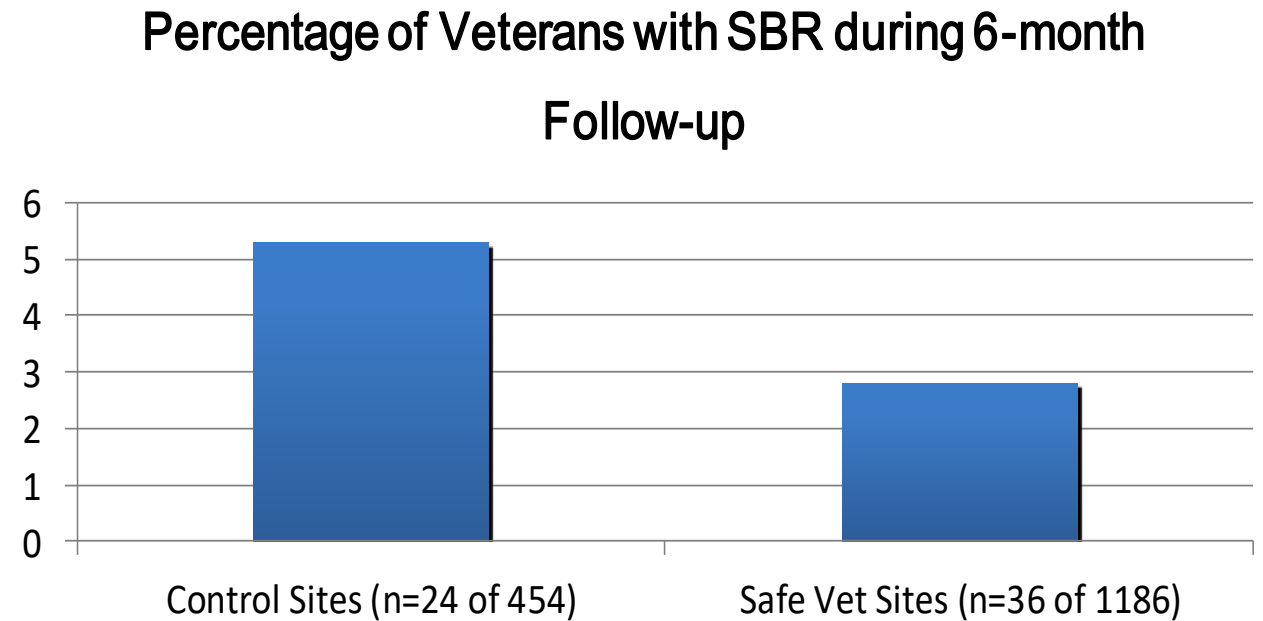
*Stanley, B., Brown, G.K., Brenner, L.A. et al. (2018). JAMA Psychiatry*



# Stanley-Brown Safety Planning Intervention: Evidence-Based Intervention

Stanley, B., Brown, G.K., Brenner, L.A. et al. (2018). JAMA Psychiatry

- $\chi^2(1, N = 1640) = 4.72, p = .029$ ;  
OR = 0.56, 95% CI: 0.33, 0.95
- SPI+ was associated with **45%** fewer suicidal behaviors, approximately halving the odds of suicidal behaviors over 6 months (Stanley, Brown, Brenner et al., 2018)





# R<sup>3</sup> Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 18, Nov. 27, 2018

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

## National Patient Safety Goal for suicide prevention

<b>Requirement</b>	NPSG 15.01.01, EP 6: BHC: Follow written policies and procedures for counseling and follow-up care at discharge for individuals served identified as at risk for suicide.  HAP: Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.
<b>Rationale</b>	Studies have shown that a patient's risk for suicide is high after discharge from the psychiatric inpatient or emergency department settings. Developing a safety plan with the patient and providing the number of crisis call centers can decrease suicidal behavior after the patient leaves the care of the organization.
<b>Reference*</b>	Stanley B, et al. "Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department." <i>JAMA Psychiatry</i> , 2018;75(9):894-900.

# Safety Planning Intervention Approach



Individuals may have trouble recognizing when a crisis is beginning to occur

Problem solving and coping skills diminish during emotional and suicidal crises

The clinician and suicidal individual (and their family, if applicable) work together to develop better ways of coping during crises that uses the patient's own words

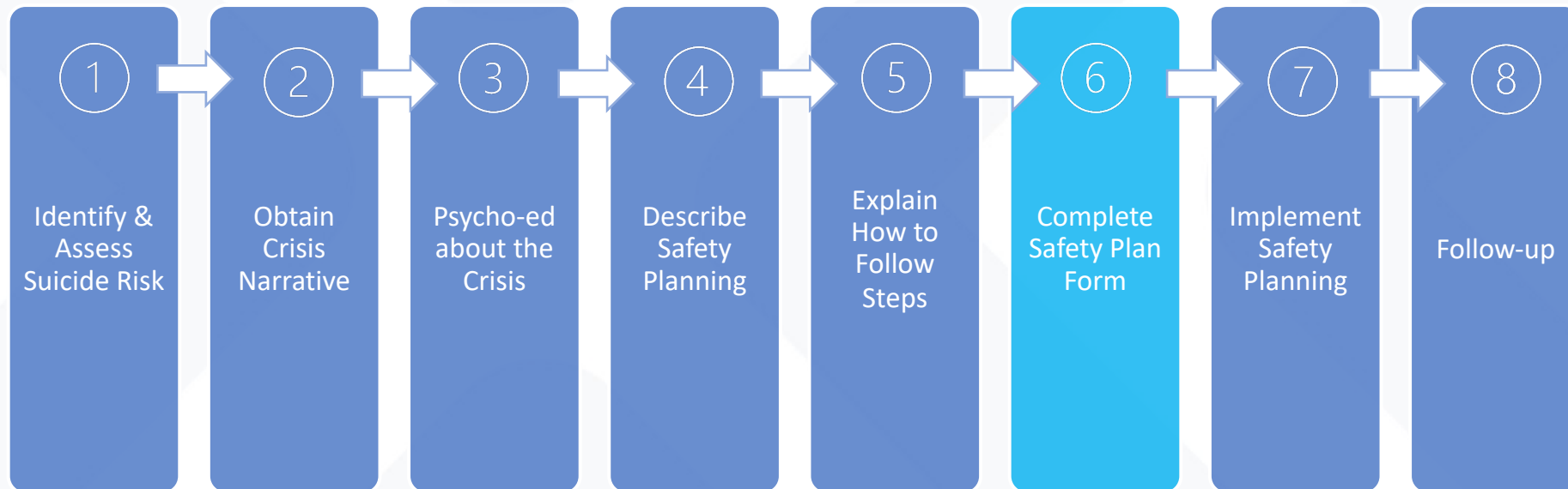
# Aviation Safety Card

We all need to know what to do in an emergency.



# Safety Planning Intervention Tasks

The Safety Planning Intervention involves more tasks than simply completing the Safety Plan Form



# Task 1

Identify if an Individual  
is a Candidate for  
Safety Planning:

*Target  
Populations*

Individuals who have:

*History of suicidal behavior  
including:*

- Suicide attempts
- Interrupted attempts by self or others
- Made preparations for suicide

*Recent history of suicidal ideation  
resulting in a suicidal crisis*



# Task 2

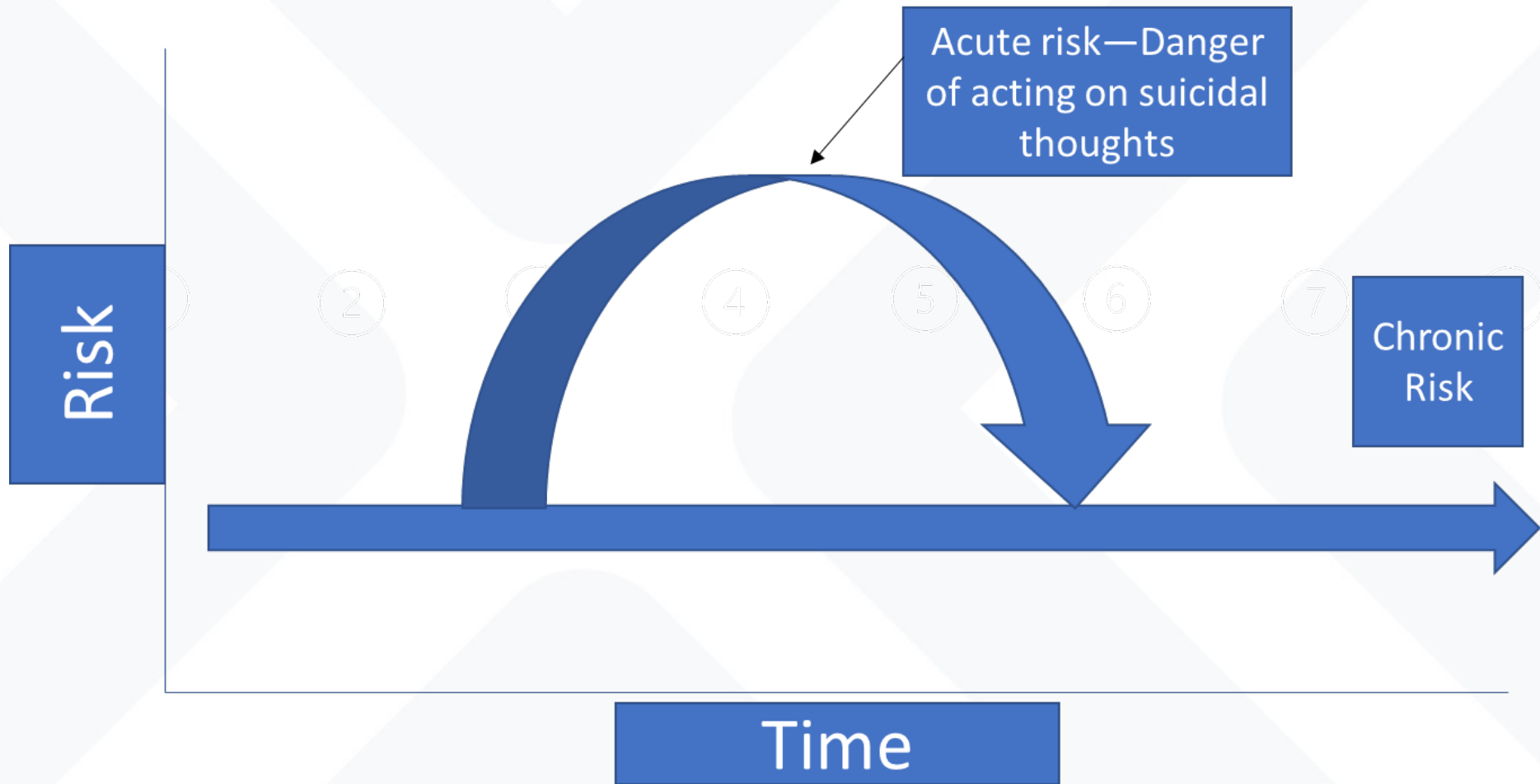
## Conduct Narrative Interview of Recent Suicidal Crisis

Ask the suicidal individual to describe in detail what had happened that led to the specific suicidal behavior or crisis

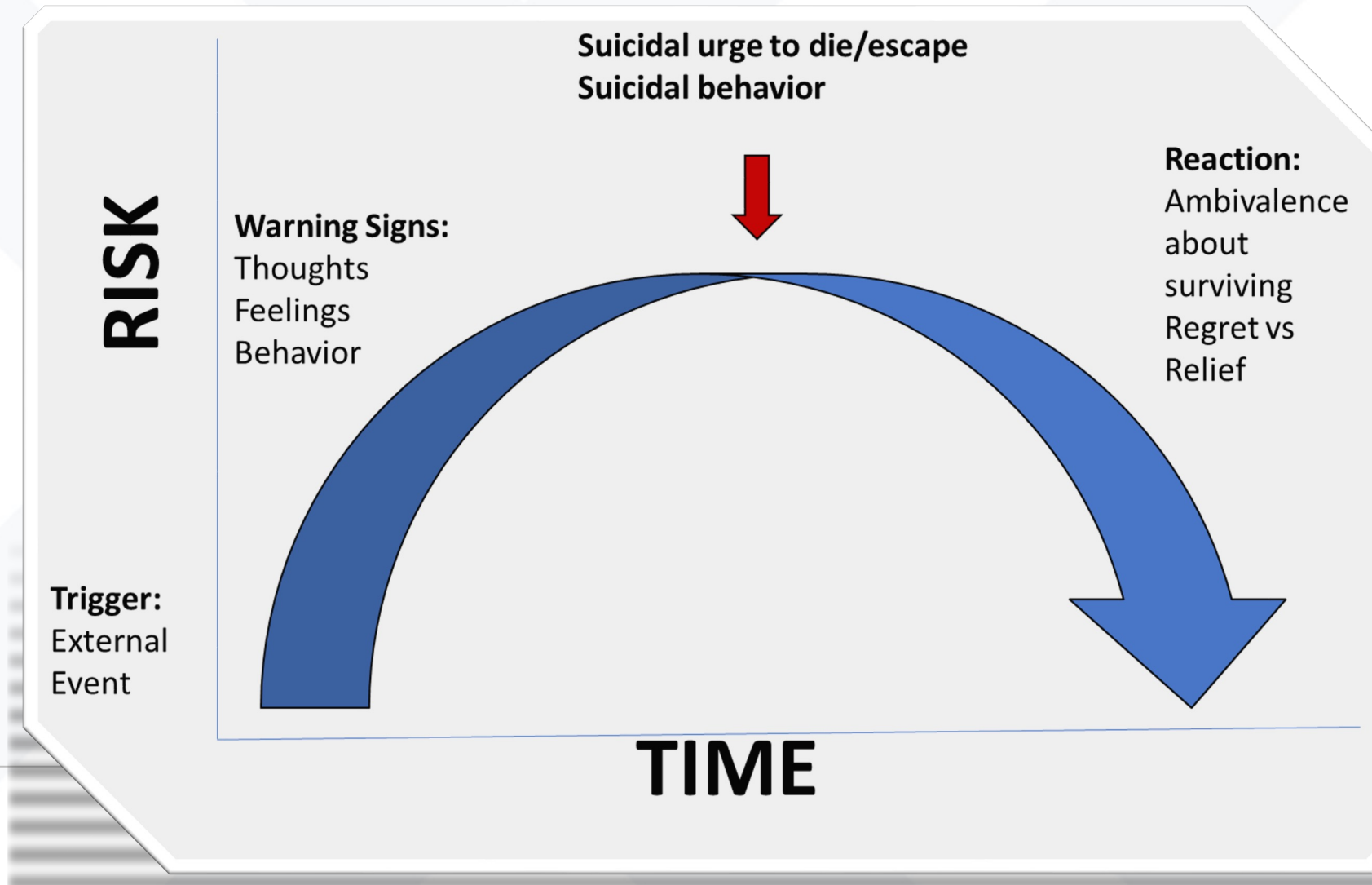
Inform them that this will help the clinician to understand the timeline of events from their perspective in order to determine the best way to deal with any future crises

Focus on the recent warning signs rather than historical vulnerabilities

# Suicide Risk Stratification: Acute and Chronic Risk



# Be Attentive to Critical Components of the Narrative that Correspond to the Risk Curve



# Task 3

## Provide Psychoeducation about Suicidal Crisis

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Explain how suicidal feelings are temporary and do not remain constant

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Describe how suicidal risk increases and then decreases over time and that the pain is time-limited. This helps patients see an end of the crisis that occurs naturally without acting on suicidal feelings

# Task 4

## Describe Safety Planning

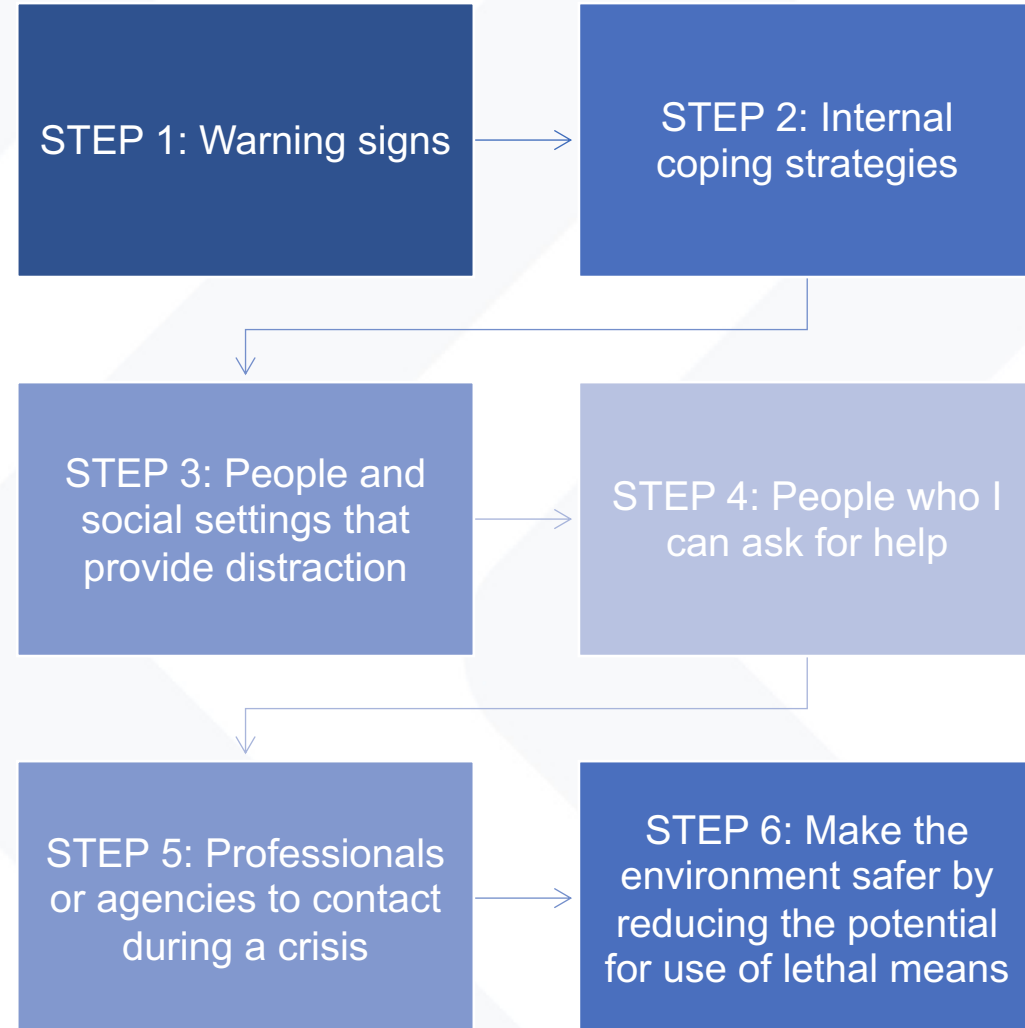
Introduce the safety plan form and explain how identifying warning signs provides an opportunity to cope before acting on suicidal urges

Explain that the Safety Plan form is a tool to help patients follow a pre-determined set of strategies to avert a suicidal crisis



# Task 5

Provide an Overview  
of Safety Planning  
Form and How to  
Use It



# Task 6

## Completing the Safety Plan Form



Explain the rationale for each step



Collaboratively brainstorm responses for each step

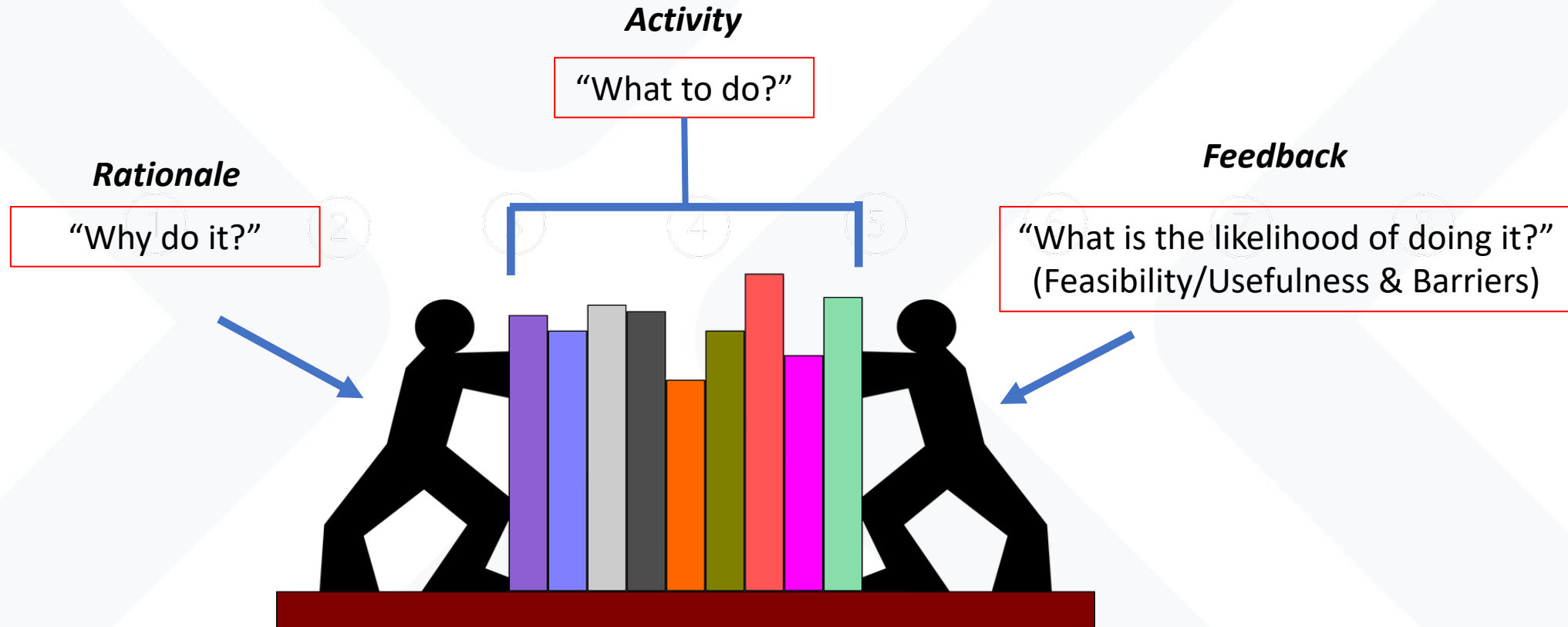


Obtain feedback on the likelihood of completing each response listed



Assess barriers and problem solve ways to address them

# Key Elements of Each Safety Plan Step



Step

1

# Identify Warning Signs



# Goals

## *Step 2 - Identify Warning Signs*

1

Identify personal warning signs that marked the beginning or worsening of the crisis from the narrative; May ask if there are other warning signs

2

Understand how identifying warning signs and change in risk provides an opportunity to cope before acting on suicidal urges

3

To serve as a reminder to use the safety plan and evaluate its usefulness (e.g., specificity, feasibility, etc.)



# Which warning sign is better?

A – “Feeling upset”

B – “Feeling very agitated and angry”

A – “Having a strong urge to drink”

B – “Drinking heavily”

A – “Arguing with my partner”

B – “Thinking that my partner will leave me,  
and I’ll be alone”



Step

2

## Identify Internal Coping Strategies



# Goals

## *Step 2 - Identify Internal Coping Strategies*

1

Explain that the purpose of internal coping strategies is to help take the individual's mind off their problems and prevent worsening of suicidal thoughts or allow thoughts to subside

2

Help the individual identify specific internal coping strategies that are strong distractors – the best strategies are simple and easy to do

3

Obtain feedback about the likelihood of using strategies

4

Identify barriers and problem-solve ways to overcome them

# Tips for Internal Coping Strategies

## Identifying Specific Rather Than More General Coping Strategies

- ✓ *Activities that are vague are less likely to be used or helpful than specific ones and the clinician should work with the patient to do so.*
- ✓ *Identifying activities that are meaningful, enjoyable, soothing or offer hope are helpful as long as they serve as effective distractors from one's problems.*

## Endorsing Productive Distracting Activities

- ✓ *Do not endorse distracting activities that are likely to increase suicide risk such as “having a few drinks”, “sharpening knives”, “cleaning my firearms”, etc.*

# Which internal coping strategy is better?

A – “Watching TV”

B – “Watching a Star Wars movie”

A – “Riding my bicycle in Bellevue Park”

B – “Exercising”

A – “Washing my car”

B – “Cleaning my firearm”





Step

3

# Social Contacts and Social Settings



# Goals

## *Step 3 - Social Contacts and Social Settings*

1

Identify other people and social settings that provide distraction from the crisis

2

This step DOES NOT involve sharing suicidal feelings and thoughts

3

Obtain feedback from the individual about the likelihood of actually doing these activities

4

Identify barriers and problem-solve ways to overcome them

Step

4

## Identify Family Members or Friends



# Goals

## *Step 4 - Identify Family Members or Friends*

1

Explain that the next step on the Safety Plan involves contacting and telling a trusted (adult) family member or friend that they are in crisis and need support; this step involves sharing suicidal thoughts with others

2

Help the individual to distinguish between persons who are distractors (Step 3) and persons who can help to resolve the crisis (Step 4)

3

Obtain feedback from the individual about the likelihood of actually contacting others

Step

5

# Identify Professionals and Professional Services



# Goals

## *Step 5 - Identify Professionals and Agencies*

1

Explain that Step 5 consists of identifying professionals or agencies who have been trained to provide assistance during a crisis

2

Assess the likelihood that the individual will contact each professional or professional service listed on plan



**988 – Suicide and Crisis Lifeline**  
(formerly the National Suicide Prevention Lifeline) has phone, text, and chat options available for free, 24 hours a day, 7 days a week.

Call or Text 988 | [988lifeline.org](https://988lifeline.org)



**The Trevor Project** offers phone, text and chat-based crisis intervention for LGBTQ+ youth

Call 1-866-488-7386 | [thetrevorproject.org](https://thetrevorproject.org)



**Trans Lifeline** provides peer support, run by and for trans people.

Call 1-877-565-8860 | [translifeline.org](https://translifeline.org)



**Crisis Text Line** Text

HOME to 741741  
[crisistextline.org](https://crisistextline.org)



**The Institute on Aging's Friendship Line** is the only accredited crisis line in the country for people aged 60+ years and adults living with disabilities

- Call 1-800-971-0016
- [ioaging.org/services/friendship-line](https://ioaging.org/services/friendship-line)



**Call Blackline** provides a space for peer support, crisis counseling, and affirming the lived experiences of Black, Indigenous, People of Color (BIPOC) individuals.

- Call or text 1-800-604-5841
- [callblackline.com](https://callblackline.com)



Step

6

# Making the Environment Safer



# Goals

## Step 6 - Making the Environment Safer

1

Explain that making the environment safer will help to lower risk by delaying the ability to act on suicidal thoughts and allowing time to use coping strategies or resources on Safety Plan

- *For some individuals who attempt suicide, the interval between thinking about and acting on suicidal urges is usually a matter of minutes*

2

For each identified method (e.g., overdose), determine the individual's access to the lethal means and collaborate to find voluntary options that reduce access to the lethal method and make the environment safer

# Discussing Access to Firearms

The clinician should routinely ask whether the individual has access to a firearm whether or not it is considered a “method of choice.”

Clinician should explain that access to firearms is likely to increase risk and is a routine part of safety planning

Reinforce the lethality of firearms and the likelihood of death

Ask, “Do you have access to firearms?” If so, ask:

- *How many firearms do you have access to?*
- *Do you own them or does someone else?*
- *How are they stored? Locked?*
- *How is ammunition stored? Locked?*

# Strategies for Firearm Safety: Off-Site Storage

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During high-risk periods, temporary off-site storage may be the safest option.

*Note: There is significant state variability in laws regulating firearm transfers*

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## Storage facility

*Ammunition must be stored separately*

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## Police departments

*Some police departments will store temporarily at no charge*

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## Pawn shops

*Pawning the guns for a very small loan amount is reliable storage option; interest fees of ~15-20% monthly*

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## Gun stores or gun clubs

*Some may offer free or inexpensive storage options for people they know*

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# Strategies for Firearm Safety: On-Site Storage

Any step(s) that increase the time and distance between a suicidal impulse and a firearm will reduce suicide risk

A locked gun poses a lower suicide risk than an unlocked gun

An unloaded gun (*ammunition stored separately*) poses a lower suicide risk than a loaded gun

- Store guns unloaded
- Store ammunition out of home
- Store guns and ammunition separately
- Lock the gun
- Store gun in safe
- Disassemble the gun

# Strategies for Medication Safety



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Inquire about whether an individual has an excess of medication and develop a plan to easily dispose of it

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Use of weekly pill boxes. Pill bottles can then be stored out of sight or potentially locked up and managed by someone else

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Stickers with the Suicide & Crisis Line number (“988”) on pill boxes or bottles

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Keep copies of a safety plan or visual reminders of reasons for living with pill boxes or bottles

# Task 7

## Implementation of the Safety Plan

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Review the entire Safety Plan

---

Explain how to use the form

---

Provide a copy/copies of the Safety Plan and discuss the location(s)

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Assess the likelihood that they will actually use the safety plan when the warning signs are noticed

---

Discuss barriers to using the Safety Plan

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A family member or other support person may also be provided with a copy of the Safety Plan with the individual's permission



# Implementation of the Safety Plan

## Task 7



Ask, “Here is a copy of this Plan. Where would you like to keep it to help remind you of the steps you can take to keep yourself safe?”



Ask, “How likely is it that you will use the safety plan when you notice the warning signs that we have discussed?”



Ask, “What could keep you from using your safety plan when you start to feel suicidal?”



Ask, “How can you remind yourself the importance of using your safety plan if you forget or don’t feel like it?”



Ask, “Would it be helpful to you to share a copy of your safety plan with anyone?”

# Task 8

## Follow-up Sessions or Calls

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Assess current risk and determine whether immediate rescue is needed

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Assess whether the Safety Plan was used and if it was helpful

---

Revise the Safety Plan as needed

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Facilitate treatment engagement to address risk; discuss obstacles

# Using the Safety Plan

*In Their Own Words...*



“Gave me the opportunity to more clearly define signs, when my mood is beginning to deteriorate and when to start taking steps to prevent further worsening...”

“How has the safety plan helped me? It has saved my life more than once...”

“I think it is something they should always have and keep. It is something they should get others in my situation.....”

“I was having problems with suicidal thoughts. This was a way to help me deal with the crisis and not let it overwhelm me. Having a way to handle it.”

“I would definitely recommend doing safety planning..... I would tell them that it saved my life.....”



Questions  
Thank you!

# Resources



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Safety Plan Website

[www.suicidesafetyplan.com](http://www.suicidesafetyplan.com)