

Safety Planning

Developing a plan is a critical part of every conversation you have on the 988 Lifeline. This guidance document specifically addresses safety planning for individuals confirming current or recent thoughts of suicide. It provides an overview of safety planning and strategies for collaboratively developing an effective plan. Additionally, this document includes prompts to assist crisis counselors in navigating safety planning steps, a Safety Plan template, along with supplemental 988 Lifeline resources.

What Is a Safety Plan?

A Safety Plan is a structured way to help those who have disclosed thoughts of suicide to identify their warning signs, personalized strategies for safety, and resources for support. A Safety Plan involves collaborative efforts to develop and document specific actions for the individual to take once the crisis conversation is over. Creating a collaborative Safety Plan may take time and patience while working with individuals. A Safety Plan is:

- Concise, realistic, and doable.
- Individualized to meet someone's needs and wishes.
- Collaborative, eliciting the individual's own ideas—collaboration increases the likelihood that the individual will implement the plan.
- Empowering—Safety Plans empower an individual to take action to secure their safety when in crisis.

When safety planning is not appropriate:

- There is a suicide attempt in progress.
 - Safety planning may be engaged in while emergency/support services are on the way or being confirmed.
- Imminent risk is present and cannot be/could not be de-escalated.
- Under the influence of substances (alcohol/drugs) and is at imminent risk.
 - See the [NRC for guidance on Substance Use Concerns](#).
- Experiencing profound cognitive impairment.
- Disconnected from reality (e.g., experiencing psychosis).
- Emergency services are necessary (e.g., medical emergencies).

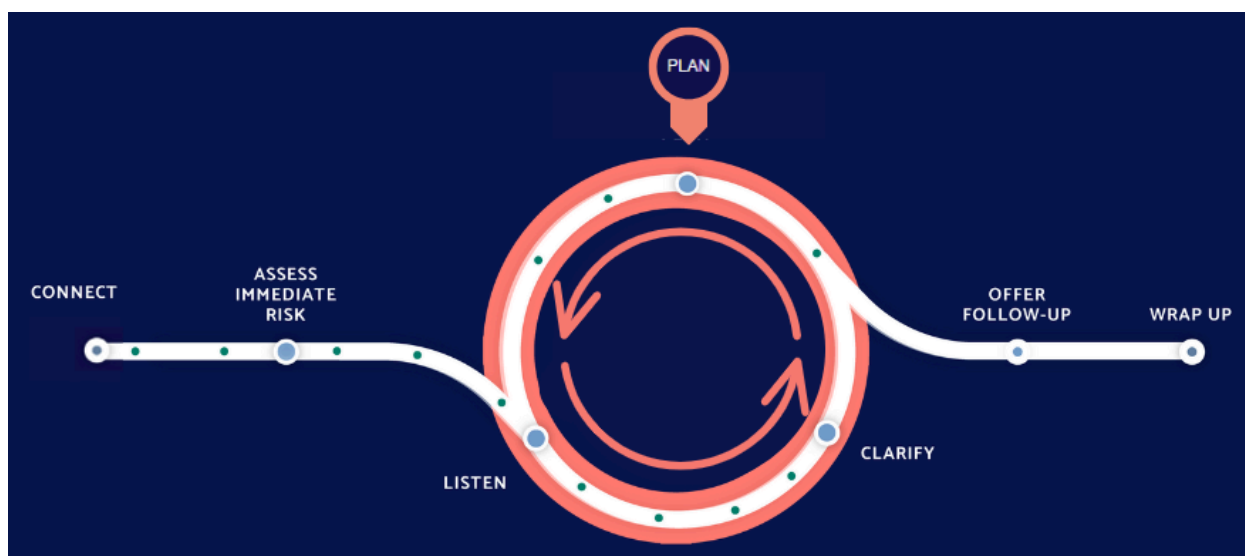
A Note on No Suicide Contracts²: A Safety Plan is not a no-suicide contract. No-suicide contracts are not supported by research as a clinically effective tool in suicide prevention.

- A no-suicide contract:
 - Asks people to promise to stay alive without telling them how.
 - Limits collaboration and may be experienced as coercive.
 - Provides a false sense of assurance to the crisis counselor and may inhibit transparency.

- Focuses on short-term compliance over fostering a comprehensive understanding of safety and empowerment.

Safety Planning and the Safety Assessment Model

Safety planning takes place in the second phase of the Lifeline Safety Assessment Model. During this phase, a crisis counselor learns more about the individual's story and what brought them to the 988 Lifeline. The crisis counselor actively engages by listening and clarifying missing information to develop an understanding of their suicide safety. Once an individual feels heard and their crisis is de-escalated, the crisis counselor then collaborates with the individual on a Safety Plan. Safety Plans should be specific to elements of risk and buffers identified during the crisis conversation. The crisis counselor's ability to bring together everything that they have heard about the individual's experience is vital in developing an effective plan.



For information on the Lifeline Safety Assessment Model, visit the [Network Resource Center](#).

Transitioning to Safety Planning:

Fluidity is essential in the Safety Assessment Model. Rather than moving through phases linearly, crisis counselors may weave in and out of phases, depending on the needs of an individual and the conversation that unfolds. If an individual feels hesitant or unready to develop a plan for safety, a crisis counselor may need to return to listening and clarifying the individual's story. Once an individual feels heard and supported, they may be more willing and able to engage in safety planning.

Please keep in mind that attempting to safety plan before the individual is ready or jumping to a plan may lead to resistance. When an individual appears able and ready, introduce the Safety Plan and explore their willingness to collaborate.

- *"It sounds like a part of you [feel like things won't get better], but you've also been feeling [a desire to connect with people and keep trying]. Are you interested in working together on ways to get support and stay safe?"*
 - See the [Safety Planning Phrasebank](#) in the NRC for more transition examples.

Setting Up a Safety Plan for Success

- **Be collaborative.**
 - Ask open-ended questions to elicit the individual's own ideas and offer suggestions, only if they are open to it. When providing suggestions, consider supports, activities, and other buffers mentioned in the conversation.
 - For additional information, see the training resource document, [What Belongs in Every Plan](#).
- **Actively engage.**
 - Use active engagement to ensure that elements of safety discussed in the conversation are addressed in the plan (e.g., substance use, access to means).
 - For active engagement during safety planning when an individual is unwilling, unable, or incapable, see [Safety Planning: Three Challenges](#).
- **Ensure Safety Plans are realistic, specific, and doable.**
 - Focus on steps of the plan that the individual finds most helpful, to ensure they will not be overwhelmed and can effectively implement the plan.
 - Skipping steps of the Safety Plan may occur if appropriate (e.g., Individual is unable to think of supports, supports are not readily available or realistic to the plan).
 - Discuss specifics—walk through the details of when/how they will engage in steps, and include names and numbers of personal and professional supports.
 - Confirm steps are doable and explore potential barriers and alternatives.
- **Be flexible.**
 - Often the natural flow of the conversation will dictate the order in which each step or element is addressed. With one person you might first explore distractions, and with another coping strategies first.
 - If an individual is having difficulties coming up with options for a specific step of the safety plan, you may revisit this step or skip it altogether.
 - Keep in mind that the goal of safety planning is not to create the perfect plan, but to create a plan that will actually keep someone safe.
- **Ensure the plan is safe for the individual** (individuals may identify coping skills, activities, or people that may decrease safety).
 - Plans involving substances (e.g., meeting a friend at a bar): Since substance use may not be ideal when suicide safety is a concern, explore other activities the individual may be willing to partake in with their supports.
 - Substance use: For individuals who have been using drugs or alcohol to cope, address how this might impact their safety and work with them to come up with alternatives, including safer or no-use plans.
 - See the [NRC for guidance](#) on *Substance Use Concerns and Harm Reduction*.
 - Nonsuicidal self-injury: consider self-harm replacement strategies, such as holding ice cubes or snapping a rubber band against their wrist.
- **Document the plan.**
 - A Safety Plan is designed to be used whenever an individual needs it to keep safe. Encourage the individual to document each step of the plan as it is discussed. Take their preferences and situation into account.
 - Do they prefer pen and paper, a computer, or a phone? If their means are outside of the home, such as a bridge, would documenting the plan on their phone be most effective? If the conversation is taking place via chat or text, an individual could copy and paste the text into their plan.
 - Crisis counselors may use digital tools, such as [MySafetyPlan.org](#) to document and share Safety Plans with individuals via email or text message.

- Crisis counselors should be familiar with their crisis contact center's policies on safety planning as well as any confidentiality considerations when sharing a Safety Plan via email or text message.
 - Crisis contact centers should have procedures in place for crisis counselors to document and save Safety Plans for review and adjustments during any future follow-up conversations.
 - Please keep in mind that a Safety Plan is not just documentation or a form to complete. As you collaborate with the individual on a Safety Plan, you are empowering the individual to connect with coping skills and support.
- **Discuss how the plan will be used.**
 - Let them know that this is a tool to help them, and while there are specific steps, they should seek the level of support that will help keep them safe.
 - Ask where they can keep the plan to ensure it is safe and readily accessible.
 - Ask how likely it is that they will use the Safety Plan when warning signs come up and what will help them to remember to use it in the moment (e.g., placing post-it reminders to follow their plan near means).

For information on third parties and safety planning, see [Guidelines for Working with Third Parties](#) in the Network Resource Center.

See the Components of Individualized Safety Plans and Safety Plan Template on the next page.

Resources:

- [988 Downloadable Safety Plan](#)
- [MySafetyPlan.org](#)
- [SafeSpace](#)
- Network Resource Center:
 - [Safety Planning Steps](#)
 - [Safety Planning Phrase Bank](#)
 - [988 Requirements for Follow-up with Lifeline Contacts Chart](#)
 - [Interactive Trainings](#)
 - Role Play - Safety Planning
 - Mini Exercises - Safety Planning
- [What Belongs in Every Plan](#) (Lifeline Learning Portal resource)

Sources:

1. Stanley, B., & Brown, G. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.
2. Rudd, M. D., Mandrusiak, M., & Joiner, T. E., Jr (2006). The case against no-suicide contracts: the commitment to treatment statement as a practice alternative. *Journal of clinical psychology*, 62(2), 243–251. <https://doi.org/10.1002/jclp.20227>

Components of Individualized Safety Plans

Crisis counselors may use the prompts below to engage in components of safety planning

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| 1. Warning Signs | <p>A warning sign is something the individual thinks, feels, or does as suicidal thoughts start to develop. Warning signs may include thinking patterns, physical sensations, activating circumstances, and changes in behavior or daily activities.</p> <ul style="list-style-type: none"> - <i>"How will you know when to use your Safety Plan?"</i> - <i>"What is happening when you start to experience suicidal thoughts or feel overwhelmed?"</i> - <i>"How do you feel physically before you begin feeling suicidal or like harming yourself? (e.g., heart racing, not sleeping or eating well)"</i> |
| 2. Internal Coping Strategies | <p>Coping strategies are things the individual can do on their own to help feel a little better at the moment.</p> <ul style="list-style-type: none"> - <i>"What can you do, on your own, to help yourself stay safe?"</i> |
| 3. Distractions | <p>Distractions include people or places that may offer comfort or a break from their current situation or environment.</p> <ul style="list-style-type: none"> - <i>"Which people or places help you take your mind off your problems at least for a little while?"</i> - <i>"Who helps you feel better when you socialize with them?"</i> - <i>"It is not necessary to tell the people on this list what you are going through or feeling."</i> |
| 4. Personal Supports | <p>Personal supports are people the individual feels comfortable talking to about what they are going through, and who can provide help. When possible, it can be helpful to talk with the support person identified about being a support.</p> <ul style="list-style-type: none"> - <i>"Are there people you feel comfortable talking to that can provide you support?"</i> - <i>"Among your family or friends, who do you think you could contact for help during a crisis?"</i> |
| 5. Professional Supports | <p>Professional supports are people who can provide professional care and support.</p> <ul style="list-style-type: none"> - <i>"Who are the mental health professionals you feel belong on your Safety Plan?"</i> |
| 6. Creating a Safe Environment | <p>Having items that can be used to harm themselves can be dangerous for a person in crisis. What items does the individual have nearby that they may use to harm themselves/others and how might they safely remove those items?</p> <ul style="list-style-type: none"> - <i>"Do you own a firearm, such as a gun or rifle?"</i> - <i>"What other items do you have access to and may use to attempt to kill or harm yourself?"</i> - <i>"What would make it harder for you to access and use these items?"</i> - <i>"How can you avoid locations that may be unsafe for you right now?"</i> - <i>"Are there any individuals that may be unsafe for you to be around right now?"</i> |

Modified from Stanley & Brown (2021)

Safety Plan Template

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| <p>1.</p> <p>Warning Signs</p> | <p>A warning sign is something that an individual thinks, feels, or does as suicidal thoughts start to develop.</p> <p>1.</p> <p>2.</p> <p>3.</p> |
| <p>2.</p> <p>Internal Coping Strategies</p> | <p>Coping strategies are things that an individual can do on their own to help feel a little better in the moment.</p> <p>1.</p> <p>2.</p> <p>3.</p> |
| <p>3.</p> <p>Distractions</p> | <p>Distractions are people or places that may offer comfort or help an individual take a break from the situation to start feeling/thinking differently.</p> <p>1.</p> <p>2.</p> <p>3.</p> |
| <p>4.</p> <p>Personal Supports</p> | <p>Personal supports are people an individual feels comfortable talking to about what they're going through, and who can provide some help.</p> <p>1. Phone Number:</p> <p>2. Phone Number:</p> <p>3. Phone Number:</p> |
| <p>5.</p> <p>Professional Supports</p> | <p>Professional supports are people who can provide professional care and support.</p> <p>1. Phone Number:</p> <p>2. Phone Number:</p> <p>3. Phone Number:</p> <p><i>Call or text 988, chat at 988lifeline.org/chat</i></p> |
| <p>6.</p> <p>Creating a Safe Environment</p> | <p>Having items that an individual can use to harm themselves when in crisis can be dangerous. What items are nearby that may be used to harm themselves and how can these be safely removed?</p> <p>1.</p> <p>2.</p> <p>3.</p> |

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