

## Safety Plan Instructions

### Purpose

Safety planning is a brief intervention involving a prioritized list of coping strategies and supports developed collaboratively between an individual and a provider. The safety plan is an intervention to provide patients with a set of specific, concrete strategies tailored to their individual needs and circumstances or strengths that they can use to decrease the risk of exacerbated symptoms and increase treatment motivation and compliance. Safety plans incorporate elements of several evidence-based suicide risk reduction strategies that are a part of the Zero Suicide approach, including means reduction, brief problem-solving and coping skills, social and emergency crisis support, and motivational enhancement for treatment.

### When to Complete a Safety Plan

- A consumer identifies any **CURRENT** self-harm, suicidal or homicidal ideation, plan or intent.
- A consumer has had self-harm, suicidal or homicidal attempts/actions, ideation, plan or intent in the **PAST 30 days**.
- A consumer has a **HISTORY** of self-harm, suicidal or homicidal attempts or actions, and presents with symptoms of depression, agitation, psychosis or other concerns that **INDICATE INCREASED RISK** for these behaviors.

### Crises Safety Plan

- Once the clinician has staffed the case and the consumer is determined to be safe for release the clinician will complete the safety plan collaboratively with the consumer present and parents/legal guardians when evaluating a child. If evaluating a child and there is an open CHINS case the DCS family case manager will be contacted for safety planning purposes. The therapist will ensure that the consumer has a signed copy of the safety plan.
- The treatment plan will be updated with the consumer present and consumer will complete signature of the treatment plan indicating concern for current suicidal/homicidal ideation or gravely disabled symptoms. If consumer does not follow up with services advised, the consumer signature will indicate that they are doing so AMA (against medical advice).

### Completing the Safety Plan Form

#### Section One

Identify triggers and warning signs. Ask the consumer what happens to them when they feel like harming themselves or others. (Review prior crisis and safety plans for suggestions)

#### Section Two

Internal Coping Strategies. Ask the consumer what they can do internally to help decrease thoughts of harming themselves or others. For example: Prayer, Mediation, Deep Breathing, Self-Talk. If the consumer is unable to come up with coping strategies introduce new coping strategies with explanation of how to use ex. Progressive Muscle Relaxation, Grounding, etc...

### Section Three

Social Situations and Activities. Ask the consumer what events and activities decrease their thoughts of harming themselves or others. This portion typically differs from Section two as section two is regarding internal coping strategies. This portion can include hobbies such as: fishing, listening to music, watching television, drawing, coloring, going to the movies, playing basketball, etc.

### Section Four

People the consumer can contact for help if their symptoms become elevated. Note, this is natural supports of the consumer. Gather full name and contact information. Ask your consumer if they would like to complete a release of information for this person.

### Section Five

How can the consumer keep their environment safe? This will be individualized and specific to each consumer. Possible answers may include but are not limited to: limiting access to lethal means, taking medication as prescribed, parents providing supervision, or avoiding triggers.

### Section Six

Professional Agencies that the consumer can contact during a crises situation. Note that Hamilton Center is listed in the title bar. Please list an additional three agencies including local hospital, physician, or suicide prevention hotline.

### **Completion of Document**

Upon completion of the 6 Safety Plan Sections, explain to the consumer that their signature indicates that they understand that if they do not follow up with services advised, the signature will indicate that they are doing so AMA (against medical advice).

Client must sign the document electronically or on paper copy, and they will receive a printed copy to take with them.

- If completed electronically and signed on e-pad, document will be located in the clinical record under progress notes.
- If completed on paper, scan document into the EMR and it will be located in the clinical record under scanned documents.

*This document is to be reviewed at each session and written within the progress note that the document has been reviewed. If update is needed, complete a new safety plan and ensure the client and provider sign the document and the client receives a copy.*