

Implementation of the Safety Plan

Assess for likelihood that the plan will be used and problem solve if there are obstacles: After the safety plan has been completed, the clinician should assess the veterans' reactions to it and the likelihood they will use the safety plan in general. The clinician may ask: *"How likely is it that you will use the safety plan when you notice the warning signs that we have discussed?"* If patients report or the clinician determines that they are reluctant or ambivalent to use it, then the clinician should collaborate with them to identify and problem solve potential obstacles and difficulties to using the safety plan. The clinician may ask: *"What might get in the way or serve as a barrier to your using the safety plan?"* For specific barriers that are identified, the clinician may say: *"Let's discuss some ways to deal with this problem(s) so that you will be able to use the safety plan when it would be the most helpful for you."* For example, some veterans may feel that they may have trouble reaching out to others for help. The clinician should help veterans identify what is likely to stand in the way of asking for help and ways to minimize this obstacle. They may also refuse to use their safety plan because they find the name of the strategy, "Safety Plan," to be offensive. In this instance, the clinician would work with the veterans to find an alternative name such as "Plan B" or "Action Plan" that they may find has a more neutral connotation. Once patients indicate that they are willing use the safety plan during a crisis, then the original document is given to them to take with them and a copy is kept in the medical record. The clinician also discusses where veterans will keep the safety plan and how it will be retrieved during a crisis.

Evaluate if the proposed safety plan format is appropriate to the veterans' capacity and circumstances: In some circumstances, the clinician may determine that

the format of the safety plan is not appropriate for a particular veteran. For example, if the veteran has cognitive impairment that makes it impossible to follow the plan as put forth in this manual, or for any other reason the veteran is unable to follow a plan on his or her own, the clinician should adapt the approach to the veteran's needs. The implementation of the safety plan should always be made using good clinical judgment that involves an assessment of the appropriateness for any given safety plan methodology. Thus, the format of the safety plan may be adapted depending upon the personal needs of the patient. For example, the Safety Plan form that is provided in the Appendix includes 3 items to be listed under each subheading. In practice, more than 3 items may be listed. However, regardless of the format that is chosen, the most important feature of the safety plan is that it is readily accessible and easy to use. That is, lengthy and complex safety plans are less likely to be used by veterans during a crisis.

Review plan periodically: The Safety Plan should be periodically reviewed and discussed and possibly revised by the clinician and veteran after each time it is used. The plan is not a static document. It should be revised as veterans' circumstances and needs change over time.

The safety plan is one component of comprehensive care of the suicidal individual: Brief crisis interventions, such as safety planning, may be especially useful when the opportunity or circumstance for longer-term care is limited. While safety planning is a useful intervention with veterans at risk for suicide, it is important to consider safety planning as one component of comprehensive care for veterans who are suicidal. Other important components include risk assessment, appropriate psychopharmacologic treatment, psychotherapy and hospitalization

Safety planning protocols have been developed for managing suicidal crises in outpatient mental health settings (see Jobes, 2006; Linehan, 1993; Rudd, 2006; Wenzel, Brown, & Beck, in press; Stanley et al., 2008) as part of ongoing and longer-term psychotherapy treatment. In that context, safety plans are used as part of ongoing mental health treatment in outpatient settings and are revised during subsequent visits as new coping skills are learned or as the social network is expanded.