


Safety Planning

Building Provider Comfort and Reducing Client Risk

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Risk Factors¹

| | |
|---|------------------------------|
| Previous suicide attempt history of suicide | Family/loved one's |
| History of mental illnesses | Loss of relationships |
| Serious illness | Social isolation |
| Criminal/legal problems relationships | High conflict or violent |
| Job/financial problems or loss | Lack of access to healthcare |
| Impulsive/aggressive tendencies | Stress of acculturation |
| Substance use | Suicide cluster in |
| the community | |
| A.C.E.s | |
| Community violence | |

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Protective Factors¹

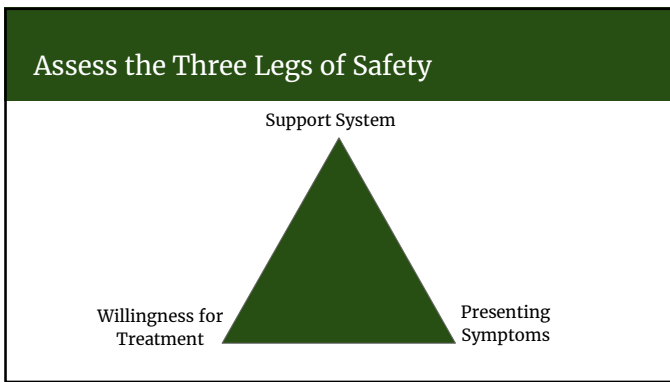
- Effective coping skills
- Reasons for living
- Strong sense of cultural identity
- Support from partners, friends, and family
- Feeling connected to others
- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality healthcare
- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

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Warning Signs²

- Feeling unbearable pain
- Death or a recent fascination with death
- Feeling hopeless, worthless, or trapped
- Feeling guilt, shame, or anger
- Feeling like they are a burden to others
- Recent suicide attempt
- Increased alcohol or drug use
- Losing interest in personal appearance or hygiene
- Withdrawing from family, friends, or community
- Saying goodbye to friends and family
- Giving away prized possessions
- Recent depression episode
- Changes in eating and/or sleeping patterns
- Becoming violent or being a victim of violence
- Expressing rage
- Recklessness

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Columbia-Suicide Severity Rating Scale (C-SSRS)³

| | |
|---|----------------------|
| Always ask questions 1 and 2. | Full Month |
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | |
| 2) Have you actually had any thoughts about killing yourself? | |
| If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6. | |
| 3) Have you been thinking about how you might do this? | |
| 4) Have you had these thoughts and had some intention of acting on them? | High Risk |
| 5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? | High Risk |
| Always Ask Question 6 | 1 Year Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>(Examples: took pills, took or threw poison, had suicidal thoughts, tried to hang yourself, looked for pills but didn't swallow any, told a friend but changed your mind or it was a joke, threw away medication, made a suicide note, attempted self-harm, contacted someone who could help with suicide.)</small> | High Risk |
| <small>If yes, was this within the past 3 months?</small> | |

If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help. Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.

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Completing a Stanley-Brown Safety Plan⁴

Patient Safety Plan Template

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

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distractions:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ A Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinic Name _____ Phone _____
Clinic Address or Emergency Contact # _____
2. Clinic Name _____ Phone _____
Clinic Address or Emergency Contact # _____
3. Local Crisis Care Services _____
Crisis Care Services Address _____
Crisis Care Services Phone _____
4. Suicide Prevention Hotline (Phone: 1-800-273-TALK) _____
5. _____
6. _____

The one thing that is most important to me and worth living for is: _____

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Building Provider Confidence

Preventative Measures

- Training
- Supervision/Consultation
- Safety in Clinical Settings⁶
- Professional Liability Insurance



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Provider Recovery From Crisis

- Self-Care⁵
- Debriefing⁷
- Avoid Avoidance
- Seek Support



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Q: "What if a safety plan isn't enough?"
A: Seek Assistance!

Q: "What if my client won't agree to follow a safety plan?"
A: Seek Assistance!

You should not have to convince a client to follow a safety plan!

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Questions?

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CITATIONS

- Centers for Disease Control and Prevention. (2022, November 2). *Risk and protective factors*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/factors/index.html>
- Warning signs of suicide*. Warning Signs of Suicide – Suicide Prevention Resource Center. (n.d.). <https://sprc.org/warning-signs-for-suicide/>
- "The Lighthouse Project - The Columbia Lighthouse Project." The Columbia Lighthouse Project - Home of the Columbia - Suicide Severity Rating Scale (C-SSRS): A Series of Simple, Plain - Language Questions That Anyone Can Use to Assess Suicide Risk., 23 Aug. 2022, cssrs.columbia.edu/.
- "Home." *Stanley-Brown Safety Planning Intervention*, 1 Feb. 2022, suicidesafetyplan.com/.
- Elizabeth Scott, PhD. "5 Self-Care Practices for Every Area of Your Life." *Verywell Mind*, Verywell Mind, 13 Feb. 2023, www.verywellmind.com/self-care-strategies-overall-stress-reduction-3144729.
- Munsey, Christopher. "How To -- Stay Safe in Practice." *Monitor on Psychology*, American Psychological Association, Apr. 2008, www.apa.org/monitor/2008/04/client-violence.
- <https://icisf.org/>

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