

SAFETY PLANNING

WHAT IT IS

Safety planning is a collaborative process between the staff and students to increase warning sign awareness and build internal coping strategies to overcome challenges they may face related to self-harm, suicide, and general functioning. Safety planning is a process, rather than a singular event or document, that is rooted deeply in the staff and student relationship. It begins with a conversation to identify areas of risk, assess access to supports, limit lethal means, and provide the student with diverse alternative options for their suicidal thoughts and/or actions.

Safety planning should not be confused with the concept of "contracting for safety" or "no-suicide contracts," which have widely been rebuffed in the literature as ineffective tools that give staff and administrators a false sense of security and may reduce their vigilance related to harm. There is no substitute for the careful and repeated assessment of risk, along with the staff assisting the student in thinking critically about alternative options.

A good safety plan involves collaboration between the staff and students rather than an autocratic process. It involves an assessment of current cognitive, physical, environmental, and social factors that may exacerbate suicidal ideation and escalations toward action. Safety planning requires a diverse and expansive review of supportive options available to the student. This should include physical activities such as going to the gym or taking a shower, reaching out to social supports or online communities, and having access to emergency hotlines and after-hours clinical support. The plan should be brief, easy to read and understand, and reduce access to lethal means.

WHO TO USE IT WITH

Students who present a risk of self-harm, suicide, or generally are rated at a higher level of risk or concern by a BIT/CARE or threat team. While this is not a clinical risk mitigation process (a fancy way of saying this safety planning should be in addition to the planning a licensed therapist would do), the idea of creating options for a student facing a crisis or unsure what steps to take to be safe is the concern of all staff.

QUESTIONS TO ASK

- 1. What crisis events have happened previously that would be a priority to anticipate and plan for moving forward?
- 2. It can be hard to find the perfect thing to do when you are feeling lousy. What are some ways you've had some success helping yourself start a task (like taking a shower or going for a walk) that you know will help you feel better?

TEACHING INSIGHTS

- One of the biggest challenges when offering others a list of options is the old parenting challenge of "I'm bored." "Well, go outside." "I don't want to do that." When managing this challenge, the first step to success is anticipating that every option on the next page won't connect with each student you are working with. Anticipate only a few of these options will be good ones for each student. A big part of our work is helping them sort through these options and find the one or two that are right for them.
- The list on the next page is generic. Consider taking the list and making it more customized for your setting. One idea could be having each of the staff in your department suggest their favorite podcast or movie recommendations based on different themes.