

Suicide Prevention Safety Planning

VA Office of Mental Health and Suicide Prevention

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Suicide Prevention Safety Planning

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Poll

What is one thing you are hoping to learn from today's webinar?

(type answers into the poll box)



Learning Objectives

At the conclusion of this training, participants will be able to:

- Learn how to collaboratively develop a Safety Plan with a patient at risk for suicide
- Implement strategies to facilitate use of the Safety Plan
- Gain familiarity with the Safety Planning note template in CPRS

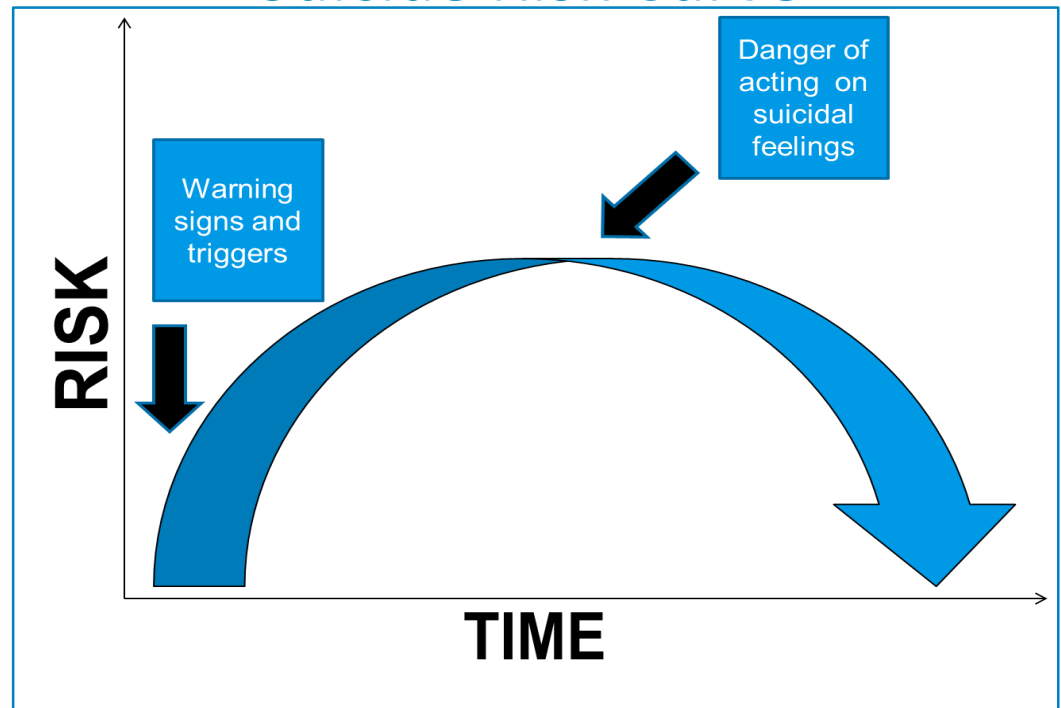
What is a Safety Plan?

- A well constructed Safety Plan is:
 - A powerful tool enabling a Veteran to safely de-escalate a current or future crisis
 - A prioritized written list of concrete coping strategies and resources that the Veteran has created for themselves, in collaboration with the therapist, to use when distressed or suicidal, in order to maintain safety and regain equilibrium
- The safety plan is NOT a “no-suicide contract.” Contracting to NOT engage in a suicidal behavior is not patient-centered and has no clinical effectiveness.

Why is Safety Planning Useful?

- Feelings of intense distress and suicidality fluctuate over time.
- Individuals who have struggled with suicidal intent are at high risk to have a similar future crisis.

Suicide Risk Curve

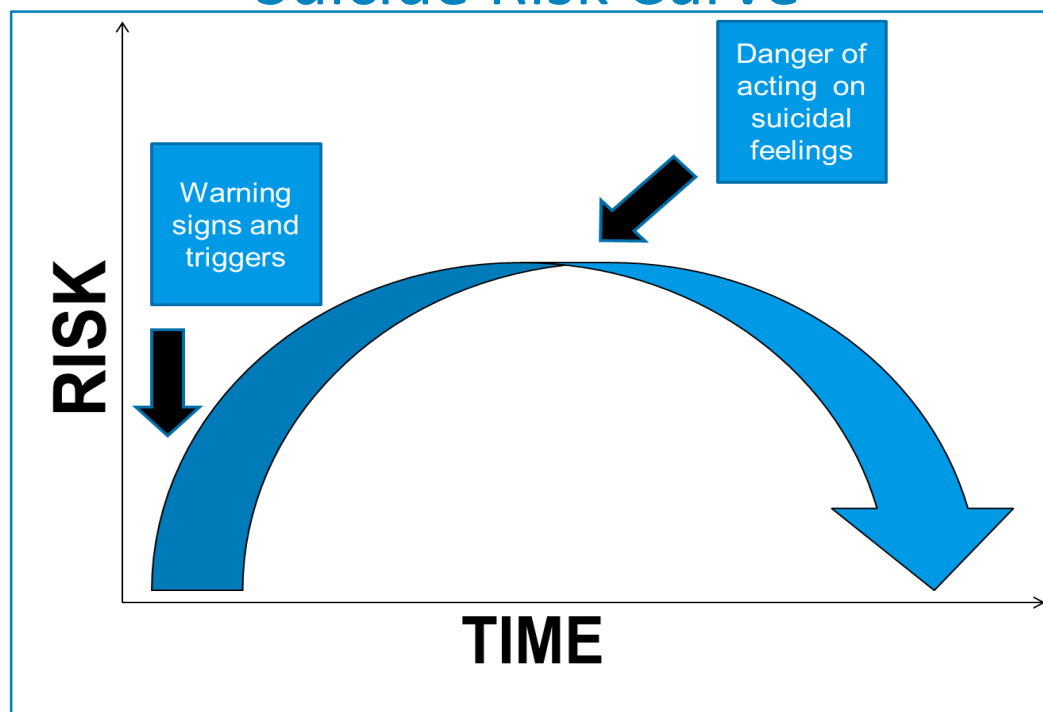


VA Safety Planning Intervention Manual: Veteran Version, Brown & Stanley 2018

Why is Safety Planning Useful?

- A safety plan is designed to break the cycle early, providing patients with a tool to avoid entering into the suicidal state.
- Once aware that such temporary periods of distress may recur, the Veteran can proactively plan effective strategies for such periods - maintaining safety, reducing distress, and speeding recovery.

Suicide Risk Curve



VA Safety Planning Intervention Manual: Veteran Version, Brown & Stanley 2018

Rationale for New Note Template

- In May 2017, the OIG evaluated suicide prevention programs in VHA facilities and recommended **“that clinicians complete SPSPs for all high-risk patients, include in the SPSPs the contact numbers of family or friends for support, and give each patient and/or caregiver a copy of the SPSP, and that facility managers monitor compliance”** (OIG p. 5).
- This new, nationally-standardized Safety Planning template will
 - ensure that Veterans across the country receive high-quality suicide prevention safety plans
 - improve VHA’s ability to capture and analyze proper use and timing of safety planning

Poll

Have you ever completed a Safety Plan with a Veteran at risk for suicide?

- A. Yes, many times
- B. Yes, a few times
- C. No



When Should a Safety Plan be Completed?

- Safety Plans have been identified as a best practice by AFSP and SPRC and are clinically indicated for Veterans evidencing any indication of suicidality.
- With what patients should a safety plan be completed?
 - Mandated for Veterans flagged as a high risk for suicide
 - Should be created for Veterans who:
 - Have made a recent suicide attempt
 - Express suicidal ideation
 - Have otherwise been determined to be at a high or intermediate acute or chronic risk for suicide, based on a comprehensive suicide risk assessment
- The safety plan should take 20-30+ minutes to complete, and should be completed collaboratively with the Veteran and mental health provider

Safety Planning CPRS Note Template

- SUICIDE PREVENTION SAFETY PLAN
- The Veteran can only use the safety plan if they have it. Ensure they receive a copy of the plan.
- The plan should be completed as first person instructions
 - “I will read a book” or “Read a book” NOT “Veteran states he will read a book”
- It is helpful to print out:
 - blank fillable version for the Veteran, to collaboratively complete in session
 - provider instructions, to enhance rapport (as opposed to reading from computer screen)
- Enter the information from the Veteran version (or provider’s own handwritten identical version) into the templated CPRS note which can then be printed out and provided to the Veteran
- Veteran may wish to enter safety plan into a smartphone app such as the MY3 Safety Plan app (free download)



Introducing the Safety Planning Intervention

Tell me what happened when you experienced a crisis and were in danger of acting on your suicidal feelings.

What was your thinking like at that time?

- Ask Veteran to briefly describe the last time they were in a crisis or feeling suicidal:
 - Helps them begin to identify their warning signs and to understand that suicidal feelings can come and go
 - Provides rationale for creating a safety plan
- Explain that suicidal feelings will pass but may recur; having a plan for how to cope can help them pass more quickly and successfully manage a suicidal crisis (suicide risk curve)
- Military SOP analogy
- Explain that the safety plan is a hierarchical list of coping strategies

Introducing the Safety Planning Intervention

1. Triggers, Risk Factors, and Warning Signs
 - Signs that I am in crisis and that my safety plan should be used
2. Internal Coping Strategies
 - Things I can do on my own, without contacting another person, to distract myself/keep myself safe
3. Social Contacts Who May Distract From the Crisis
 - People I can contact to take my mind off my problems/help me feel better
 - Public places, groups, or social events that distract me/help me feel better
4. Family Members or Friends Who May Offer Help
 - People I can tell that I am in crisis and need support
5. Professionals and Agencies to Contact For Help
 - Mental health professionals, services, and crisis lines I can contact for help
6. Making the Environment Safe
 - Ways I can make my environment safer and protect myself from lethal means

Poll

Which step of the Safety Plan are you most confident completing?

- A. Triggers, Risk Factors, and Warning Signs
- B. Internal Coping Strategies
- C. Social Contacts Who May Distract From the Crisis
- D. Family Members or Friends Who May Offer Help
- E. Professionals and Agencies to Contact for Help
- F. Making the Environment Safe



Introducing the Safety Planning Intervention

Work collaboratively with the Veteran to:

- understand the reasons for using each step, one at a time and in order
- brainstorm ideas, by asking the Veteran for suggestions or offering choices, to identify specific warning signs, coping strategies, or resources
- ask for feedback to improve feasibility and remove barriers for each response

Inform the Veteran that it is **not** necessary to follow this list of strategies before reaching out for help.

Introducing the Safety Planning Intervention

At the top of the Safety Plan:

The Safety Plan is not simply a form to be filled out without involvement of the clinician. Please follow the steps described below on your safety plan.

If you are experiencing a medical or mental health emergency, please call 911, at any time. If you are unable to reach your safety contacts or you are in crisis, please call the Veterans Crisis Line at 1-800-273-8255 (press 1).

Introducing the Safety Planning Intervention

Links to Role-Plays:

[Conducting a Narrative Interview of the Suicidal Crisis](#) (07:59)

[Introducing the Safety Plan Form](#) (04:42)



Poll

For the patient population you work with, which steps of the safety plan are often most difficult for the Veteran to engage in?

- A. Triggers, Risk Factors, and Warning Signs
- B. Internal Coping Strategies
- C. Social Contacts Who May Distract From the Crisis
- D. Family Members or Friends Who May Offer Help
- E. Professionals and Agencies to Contact for Help
- F. Making the Environment Safe



Step 1: Triggers, Risk Factors, and Warning Signs

- Explain purpose of this step:
 - Understanding personal warning signs helps the Veteran recognize when they may be approaching a crisis
 - Indicates that they should refer to their plan and start using it to reduce their risk

How will you know when you are in crisis and that the safety plan should be used?

What are your personal red flags?

- Help the Veteran to identify specific vs. vague warning signs

Step 1: Triggers, Risk Factors, and Warning Signs



Thoughts

- “I feel worthless.”
- “I am a burden.”
- “It’s hopeless, things won’t get better.”
- “There is no way out but suicide.”



Emotions

- Depressed
- Anxious
- Agitated
- Angry
- Ashamed
- Overwhelmed



Behaviors

- Isolating
- Giving things away
- ↑ substance use
- Change in sleeping
- Risky behaviors
- Loss of appetite

Step 1: Triggers, Risk Factors, and Warning Signs

Sample Veteran responses:

1. *When I feel put down at work*
2. *When I feel overwhelmed, especially by finances*
3. *When I start feeling like a burden to my family*

Reviewing this Step:

- After warning signs have been identified, remind the Veteran that the presence of warning signs are an indication that the safety plan should be put into action.
- Explain that the plan should ordinarily be used in a stepwise fashion unless the Veteran needs emergency rescue.

Step 1: Triggers, Risk Factors, and Warning Signs

Link to Role-Play

[Step 1: Triggers, Risk Factors, and Warning Signs](#) (02:40)



Step 2: Internal Coping Strategies

Introducing this Step:

- Explain to the Veteran that the purpose of internal coping strategies is to distract them from their suicidal thoughts, which can help lower risk.
- Ask Veteran to identify specific behavioral activities that can serve as strong distractors to suicidal thinking
- These should be activities the Veteran can engage on their own, without contacting another person.
- Engaging in problem solving or responding to specific thoughts is often challenging to do during a crisis. The best strategies here are simple, easy to use, and absorbing.

Step 2: Internal Coping Strategies

What can you do, on your own, to help you stay safe and not act on your suicidal thoughts or urges in the future?

What have you done in the past to stay safe?

- Specific activities are more helpful than vague ones

Vague	Specific
“Watching television”	“Watching stand-up comedy on Netflix”
“Playing with apps on my phone”	“Using my Virtual Hope Box app”

- Do not endorse strategies that are likely to increase suicide risk (e.g., drinking, sharpening knives, cleaning gun, etc.)

Step 2: Internal Coping Strategies

Reviewing this Step:

How likely do you think you would be able to do this during a time of crisis?

What might stand in the way of you doing each of these activities?

- Coping Memory – like muscle memory, practicing coping strategies will help them feel more automatic and helpful over time
- Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies.

Step 2: Internal Coping Strategies

Link to Role-Play

[Step 2: Internal Coping Strategies](#) (03:34)



Step 3: Social Contacts Who May Distract From the Crisis

Introducing this Step:

- People and social settings can be good distractors.
- In this step, the Veteran identifies people who they would not necessarily inform that they were in crisis, but with whom they feel better or with whom they can focus less on painful feelings.
- Clinicians and formal health/mental health providers should not be included in this step.
- Remind the Veteran to use Step 3 if Step 2 does not resolve the crisis or lower risk.

Step 3: Social Contacts Who May Distract From the Crisis

Other than mental health providers and counselors, who can you contact who helps you take your mind off your problems or helps you feel better?

What public places, groups, or social events help take your mind off of your problems?

- Include phone numbers on the safety plan, & make sure they are programmed into the Veteran's cell phone.
- Specific places should be identified rather than vague places.
- Be sure that the identified person or place does not increase suicide risk (e.g., going to the bar).
- Places that are readily accessible and frequently available are best. Social activities that require advanced planning are not typically helpful here.

Step 3: Social Contacts Who May Distract From the Crisis

If the Veteran does not want to reveal social contacts, it is okay to leave this section blank after discussion, but in such cases, the clinician must select the item at the bottom of this section, stating that:

- Veteran describes a lack of social contacts.

Ask - Other than mental health providers and counselors, who can you contact who helps take your mind off your problems or helps you feel better?

☐ Enter contacts here

☒ Veteran describes a lack of social contacts.

Otherwise, this section will be considered incomplete.

Step 3: Social Contacts Who May Distract From the Crisis

Ask - Other than mental health providers and counselors, who can you contact who helps take your mind off your problems or helps you feel better?

- ☒ Enter contacts here
- ☐ Veteran describes a lack of social contacts.

☒ Enter contacts here

Name:

Phone number:

☒ Additional contact

Name:

Phone number:

☐ Additional contact

☐ Additional contact

☐ Additional contact

☐ Additional contact

Step 3: Social Contacts Who May Distract From the Crisis

Sample Veteran responses:

People I can contact:

1. John Doe Phone: 555-555-55555
2. Jane Smith Phone: 444-444-4444
3. Tom Jones Phone: 777-777-7777

Places I can go:

1. Bill's Café
2. Jones's Beach
3. Sunnydale Library
4. Sunnydale YMCA
5. Vet Center

Step 3: Social Contacts Who May Distract From the Crisis

Reviewing this Step:

- Assess likelihood that Veteran will contact others or visit places listed during a crisis
 - Should not just be people/places that ‘sound good’ to the clinician; instead, should be people/places the Veteran is actually likely to engage with as distractions in a time of crisis
 - Do not list places that Veteran has never visited and has no real intention of visiting

Step 3: Social Contacts Who May Distract From the Crisis

Link to Role-Play

[Step 3: Social Contacts Who May Distract from the Crisis](#) (03:38)



Step 4: Family Members or Friends Who May Offer Help

Introducing this Step:

- Sometimes distraction is not enough, and the Veteran needs to disclose crisis to people who can help
- In this step, the Veteran tells a family member or friend that he/she is in crisis and needs support.
 - May be some overlap between people listed on Step 3 and Step 4
- Remind the Veteran to use Step 4 if Step 3 does not resolve the crisis or lower risk.

Step 4: Family Members or Friends Who May Offer Help

Who are friends or family members who should be included on your plan?

Who would you feel comfortable reaching out to for support and help when you're in crisis?

- Opportunity to encourage the Veteran to share the completed Safety Plan with trusted family and friends. The Veteran may ask family members or friends to use or follow the Safety Plan if they observe that the Veteran is in crisis.
- If the Veteran discloses having no friend/family support, then consider interventions to address social isolation or social skills

Reviewing this Step:

- Identify potential obstacles and problem-solve
- Role play with the Veteran may be helpful

Quiz

True or False: The phone numbers for social and supportive contacts should be written on the Veteran's Safety Plan, even if the Veteran states that these numbers are already programmed into their cell phone.

True! Even if the Veteran already has these phone numbers easily available in other places, they should also be written on the Veteran's Safety Plan.




Step 4: Family Members or Friends Who May Offer Help


If the Veteran does not want to list helpful contacts, it is okay to leave this section blank after discussion, but in such cases, the clinician must select one or both items at the bottom of this section, stating that:

- Veteran describes a lack of family or friends and/or
- Veteran chooses not to disclose distress to friends or family

Ask - Who are friends or family members who should be included in your plan?

☐ Enter friends/family members here

 ☐ Veteran describes a lack of family or friends.

 ☐ Veteran chooses not to disclose distress to friends or family.

Otherwise, this section will be considered incomplete.

Step 4: Family Members or Friends Who May Offer Help

Ask - Who are friends or family members who should be included in your plan?

- ☒ Enter friends/family members here
- ☐ Veteran describes a lack of family or friends.
- ☐ Veteran chooses not to disclose distress to friends or family.

Review: Assess likelihood individual will engage in this step; identify potential obstacles and problem solve. If the Veteran expresses doubt about use of this step, role play and rehearsal may be useful.

☒ Enter friends/family members here

Name:

Phone number:

- ☒ Additional contact
- ☐ Additional contact
- ☐ Additional contact
- ☐ Additional contact
- ☐ Additional contact

Step 4: Family Members or Friends Who May Offer Help

Link to Role-Play

[Step 4: Family Members or Friends Who May Offer Help](#) (02:24)



Step 5: Professionals and Agencies to Contact for Help

Introducing this Step:

- Sometimes the Veteran may need support from a mental health professional or agency to help resolve their crisis.
- In this step, Veteran reaches out to a mental health professional, crisis line, or emergency service for help.
- Remind the Veteran to use Step 5 if Step 4 does not resolve the crisis or lower risk.

Step 5: Professionals and Agencies to Contact for Help

Who are the mental health professionals or agencies who should be included on your plan?

Do you see any therapists outside of the VA?

If you need to go to an emergency room or urgent care, where would you go?

- This step should not be left blank; if the patient does not name any other professional providers, list yourself as a provider to contact if appropriate to your role.
- List names in the order the Veteran would contact them.
- Include phone numbers on the safety plan, & encourage Veteran to program them into cell phone.
- Helpful to list days/hours that the clinician/agency is available, if applicable.
- Remind Veteran to call 911 in an emergency.

Step 5: Professionals and Agencies to Contact for Help

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

Confidential chat at **VeteransCrisisLine.net** or text to **838255**

VETERANS HEALTH ADMINISTRATION

Have you ever called the
Veterans Crisis Line
before?

What was that like for
you? Would you call
again if you were in
crisis again?

What concerns do you
have about calling a
crisis line?

Quiz

True or False: The clinician should stress to the Veteran that they must complete Steps 1-4 of the Safety Plan before reaching out to the Veterans Crisis Line for help.

False! Remind the Veteran that it is okay to reach out to the VCL in a crisis, even if the Veteran has not worked through Steps 1-4 of the Safety Plan.



Step 5: Professionals and Agencies to Contact for Help

Sample Veteran Responses:

1. Name: Dr. Doe (Therapist) Phone: 222-222-2222
2. Name: Dr. Smith (Psychiatrist) Phone: 111-111-1111

Veterans Crisis Line: 1-800-273-8255 (press "1" at the greeting)
Text to 838255
Online chat at veteranscrisisline.net/chat

Sunnyvale Urgent Care, 2222 Peace Avenue, open 8am-7pm
ER at First Community Hospital, 1111 Hospital Road, 555-555-5555

Reviewing this Step:

- Identify potential obstacles and problem-solve
- Role play with Veteran may be helpful

Step 5: Professionals and Agencies to Contact for Help

Link to Role-Play

[Step 5: Professionals and Agencies to Contact for Help](#) (04:04)



Step 6: Making the Environment Safe

Introducing this Step:

- Having ready access to lethal means places the Veteran at greater risk for suicide and does not allow the Veteran enough time to use the steps in the safety plan.
- Reducing or slowing access to means is a highly effective strategy to prevent suicide.

Step 6: Making the Environment Safe

- Assess whether the Veteran has a specific method or plan for suicide
- Determine the Veteran's access to any lethal means

What items in your environment might you use to hurt yourself?

What can we do to make the environment safer?

- Collaborate with Veteran to find acceptable, voluntary options that eliminate, reduce, or slow access to these means
- Do not limit the discussion of lethal means to the one the Veteran identifies as most likely
- Explore who the Veteran can enlist to help them reduce access to lethal means
- Adding items (pictures, quotes, etc.) to Veteran's environment to remind Veteran of reasons for living

Step 6: Making the Environment Safe - Firearms

- ALWAYS ask about access to firearms
- If yes, ask how firearm and ammunition are stored
- Offer a gun lock
- Discuss options for safe storage
 - Locking the gun & giving key to spouse or trusted relative
 - Removing the firing pin and giving to a friend or neighbor
 - Temporary offsite storage, when feasible

I know that guns are important to you. Let's work on a plan that will keep you safe and work well for you.

Sometimes when a gun owner is struggling in the ways you've described, they'll lock their guns/ammunition at home and ask someone they trust to hold onto the keys. Is that a strategy you'd consider?

Step 6: Making the Environment Safe - Firearms

State: VA has some tools to offer you [Veteran] if you have access to certain potential lethal means.

Ask - Do you have access to firearms?

☐ No

☒ Yes

Do: Discuss firearm safety with the Veteran, including:

- asking how firearms and ammunition are stored
- considering options for improving safe storage such as separating the firing pin from the firearm, using gun locks, or exploring options for temporarily storing the firearm, or a key component of the firearm, such as the firing pin, off-site.

Firearm safety discussed with the Veteran:

☒ Yes

☐ No

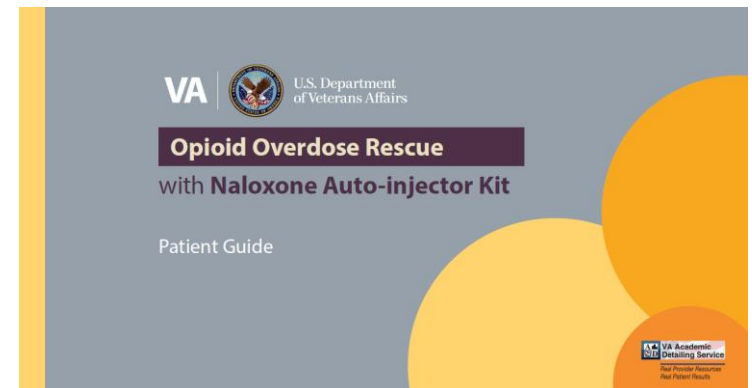
Veteran offered a gunlock:

☒ Yes

☐ No

Step 6: Making the Environment Safe - Opioids

- Ask about access to opioids
- Discuss options for safe disposal of unneeded opioid medications, including med drop boxes
- Offer education on overdose identification and reversal
- Offer naloxone/referral for naloxone prescription



Step 6: Making the Environment Safer - Opioids

Ask - Do you have access to opioids?

- ☐ No
☒ Yes

Do: Discuss opioid safety and provide education on overdose identification and naloxone reversal.

[Education for patients prescribed opioids \(English\)](#)

[Education for patients prescribed opioids \(Spanish\)](#)

[Education for patients with opioid use disorder \(English\)](#)

[Education for patients with opioid use disorder \(Spanish\)](#)

Did you discuss safety and provide overdose education with the Veteran including the use of naloxone?

- ☒ Yes
☐ No

Did you offer a naloxone prescription to the Veteran?

- ☐ Yes and ordered naloxone prescription
☐ Yes and provider notified of request for naloxone prescription
☐ Yes and patient declined prescription
☐ No; prescription not needed at this time

Explain why not: *

Step 6: Making the Environment Safe

Sample Veteran Responses:

Ways to make my environment safer:

I will bring my old meds to the pharmacy to get rid of them, consider getting a lock box for my meds, and use a gun lock on my gun.

People who will help me protect myself from having access to dangerous items:

Name: Sue (Wife) Phone: 888-888-8888

Planned follow-up date with therapist:

May 20th, 2018

Step 6: Making the Environment Safe

Reviewing this Step:

- Set a date to check in with the Veteran that the agreed-upon steps for reducing access have been put in place.
- Explore ambivalence or doubt about limiting access to lethal means
- Set a date to follow up with the Veteran to confirm that the agreed-upon steps have been implemented

For additional training on Lethal Means Safety Counseling:

- [Lethal Means Safety Training \(VA 34560\)](#) in TMS
- [Lethal Means Safety & Suicide Prevention](#) on VISN 19 MIRECC website

Step 6: Making the Environment Safe

Link to Role-Play

[Step 6: Making the Environment Safe](#) (05:14)



Wrapping up the Safety Planning Intervention

- Confirm Veteran's current physical address

Choose one below regarding current physical address:

☒ Veteran's current, physical address:

Address: *

City/State/Zip: *

Please ensure the physical address is up-to-date in CPRS

- Offer additional resources
 - My3 Safety Plan App
 - Virtual Hopebox app
 - MakeTheConnection.net
 - VetsPrevail.org

Wrapping up the Safety Planning Intervention

- Review entire Safety Plan with Veteran
- Assess likelihood that the Safety Plan will be used, and problem-solve around barriers to using the plan
- **Ensure that the Veteran receives a copy of the Safety Plan**
 - Copy can be handwritten, or printed from CPRS and given to the Veteran

Veteran has been given a copy of this Safety Plan:

☒ Yes

☐ No

Caregiver (if Veteran provides permission) has been given a copy of this Safety Plan:

☐ Yes

☐ No

☒ N/A

- Discuss where the Veteran will keep the Safety Plan
 - Consider multiple copies kept in different locations, and/or entering into My3 app

Safety Contacts

- Explain purpose of safety contacts
- Ask if the Veteran has a family member, friend, or other trusted person whom you could contact if you were concerned about Veteran's safety and could not reach Veteran.
- Ensure an ROI is completed and on file for safety contacts.

Provider may contact the following people to check on safety (include phone number):

☒ Safety contact

Name:

Phone:

Release of Information on file: ☐ Yes ☐ No

☐ Additional safety contact

☒ Veteran declines to designate a Safety contact.

- If Veteran declines to designate a safety contact, select button to document

Wrapping up the Safety Planning Intervention

Link to Role-Play

[Implementation of the Safety Plan](#) (03:22)



Finishing the Template

- The template only allows a certain number of entries per section and characters per entry. If additional space is needed, you can add additional information AFTER you have clicked FINISH and turned the template into a normal note.
- If you leave the template to gather info from another note, it may not close when you click FINISH.
 - Check to see if which note is highlighted in the list of notes on the left
 - Highlight the safety plan note, and the FINISH button will now work

Poll

For which step of the Safety Plan would you like additional training or plan on seeking consultation?

- A. Triggers, Risk Factors, and Warning Signs
- B. Internal Coping Strategies
- C. Social Contacts Who May Distract From the Crisis
- D. Family Members or Friends Who May Offer Help
- E. Professionals and Agencies to Contact for Help
- F. Making the Environment Safe



Safety Plan Review/Decline Note

- If after discussion, the Veteran refuses to complete a safety plan, or no changes need to be made to an existing safety plan upon review with the Veteran, use the note title:

SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE

This note is intended for use in the two following situations:

- Veteran DECLINES offer to create a Safety Plan
- Reviewed and NO CHANGES needed to Safety Plan

Please choose below:

- ☐ Veteran refused offer to complete a suicide prevention safety plan.
- ☐ Veteran and clinician reviewed prior Safety Plan together; no changes indicated at this time

Documenting Refusal to Complete a Safety Plan

Please choose below:

☒ Veteran refused offer to complete a suicide prevention safety plan.

Reason: *

VA requires the completion of a Safety Plan for all Veterans flagged at high risk of suicide, and VA encourages the completion of Safety Plans for others as appropriate.

If Veteran refuses to complete a Safety Plan, you must ensure that the Veteran's emergency contact list in CPRS is up-to-date.

☐ Emergency contact is complete and up-to-date in CPRS

☒ Emergency contact needs to be updated in CPRS

Choose one below regarding current physical address:

☒ Veteran's current, physical address:

Address: *

City/State/Zip: *

☐ Veteran declines to share current physical address.

☐ Veteran and clinician reviewed prior Safety Plan together; no changes indicated at this time

- In rare cases, Veterans may refuse to engage in the safety plan, despite efforts to engage them in the process.
- In such cases, document refusal by selecting “Veteran refused offer to complete a suicide prevention safety plan.”
- Additional fields will open up to document the reason for refusal and ensure the emergency contact and the Veteran’s current physical address are up-to-date.

Documenting Review/Updates to Safety Plan

- If Veteran has an existing Safety Plan, and the provider and Veteran review it together and determine that no changes need to be made at this time, provider may use the note title SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE to document.

📌 Veteran and clinician reviewed prior Safety Plan together; no changes indicated at this time

Date of current Safety Plan: *01/15/2017 ...

- If Veteran has an existing Safety Plan, and upon review a minor change needs to be made (e.g., change of a phone number), provider may add an addendum to the original SUICIDE PREVENTION SAFETY PLAN note indicating the change.
 - Provider must ensure that the change is reflected on the Veteran's copy of the Safety Plan
- If Veteran has an existing Safety Plan, and significant changes need to be made, the provider should fill out a new SUICIDE PREVENTION SAFETY PLAN note, completing all fields and incorporating changes.

Conclusion and Reminders

- Safety Plan is not a static/one-time intervention
- Should be reviewed and revised, especially after a crisis, or after the Veteran has had a chance to use the plan

Review the Safety Plan periodically with the Veteran when circumstances or needs change. Ask:

- (1) Do you remember the last Safety Plan you developed?
- (2) Have you actually used the Safety Plan?
- (3) If so, was the Safety Plan helpful for preventing you from acting on your suicidal thoughts and urges? If not, why not?
- (4) How can the Safety Plan be revised so that it can be more helpful to you?

Resources

- [VA Safety Planning Intervention Manual \(2018\)](#)
- [Safety Planning Role Play Recordings and transcript](#)
- [Patient Safety Plan Form](#) (to be filled out in session by/with Veteran)
- [Safety Plan Note Template User Guide](#)
- [Additional Safety Planning resources](#)