Safety planning is a process to engage a person in crisis or with a history of crisis or suicide risk proactively in a process to assist self-management. Because the next crisis will likely arise when a mental health professional is not in the room. A Collaborative Safety Plan is a written list of coping skills, resources for support that a student identified as at risk can use to help themselves manage during time of escalating stress or crisis. The plan should be developed and used with any student identified as at risk for suicide or with a history of suicide risk.

The Student Collaborative Safety Plan is designed to be completed with the active involvement of the student and with their input. Each step is designed to engage the student in a process to identify and manage the stresses in their life through the utilization of coping skills, distraction activities, social and family supports and professional supports and resources. The plan is in the student’s own words and uses an active problem-solving approach to anticipate and address any barriers to implementation and to recognize when to implement the steps.

This is the opportunity for the student to tell their own story and to build their own path to resilience. It is an opportunity for the school clinician to support a student during periods of crisis and is an effective tool for ongoing check-ins and work with that student. The plan should be made of brief short statements in the students own words and easy to read.

It is best to develop the plan using a paper and pencil and to later transfer it to an electronic template, or best of all, a phone application such as [MY3](https://my3app.org). Paper is transient, but our students rarely lose their phones! Developing a plan will require about 30 minutes and can take place in a couple of sessions if needed. The outlined steps should be completed in sequence.

**Step 1: Warning signs of a threatened crisis.** (thoughts, images, mood, situations, behavior) that a crisis may be coming: How does my body feel? What thoughts are in my head? I should use this plan when I notice these signs.

This initial step is to bring awareness to, and to put into words, the signs both internal and in the environment that can indicate that a crisis time is nearing. They might include personal situations, thoughts, images, thinking patterns (e.g. catastrophizing), mood changes, or behaviors. The most effective way to resolve a crisis is to avert it before it starts. Step one answers the question: “*How will you know when the safety plan should be used?* Ask: What do you experience when you start to think of suicide or when a crisis is building?

**Examples**: I feel anxious and I get snappy with people. I start dropping balls and homework builds up. I think that I’m no good and can’t do anything right. My girlfriend (boyfriend) threatens to break-up. The urge to drink or smoke pot.

**Step 2: Internal coping strategies –** Things I can do by myself to take my mind off my problems/how I feel (e.g. relaxation technique, hobbies, exercise or walking):

After identifying and noting the warning signs of a crisis, ask the student to think of and list some activities they can use to help lower the crisis without the need to contact anyone. These serve to take their mind off the crisis and cope with the negative feelings. Though you might offer broad examples, they are very individual to the person.

**Examples:** Take a walk. Play with my cat. Listen to relaxing or fun music. Read a book. Watch a fun video.

The steps include: (a) the identification of coping strategies, (b) the likelihood of using such strategies, and (c) the identification of barriers to their use and problem solving about the barriers. Ask: “*How likely do you think you would be able to do this step during a time of crisis?*”

**Step 3: People, places, and activities that distract me & help me feel better:**

 When the internal coping strategies are not enough to reduce the crisis, help the student identify people and social settings they can access to distract them from the bad feelings and help them feel better. This can include friends, social situations or activities involving at least one other person. It can also include settings where socialization occurs naturally such as a coffee shop or lunchroom. In this step you are not asking that they talk about what is going on, just seek distraction. Ask: *“Who helps you feel good when you get together with them?” or “Who helps you take your mind off your problems for at least a little while? What are the fun social settings you like?* Encourage things that are fun, safe and easily accessible.

**Examples:** Attend a basketball game. Play video games with a friend at my house. Watch silly video clips with my brother. Take my homework to the library to do. Go shopping with my friend. Bake cookies with my dad.

Assess the likelihood that the person will engage in these activities (“*How likely do you think you would be able to do this step during a time of crisis?*”) and problem-solve any identified barriers (“*What might prevent you from thinking of these activities or doing these activities even after you think of them?*”).

**Step 4: People I trust & can ask for help:** At Home, At School, and In the Community

If the coping strategies and distracting activities and people are not enough to lower the crisis feelings, it may be time to look to the people who know the student and can be asked for help. This is the first step that asks the student to openly acknowledge their crisis state and to ask for support or help! You might ask: “*Among your family or friends, who do you think you could contact for help during a crisis?*” or “*Who is supportive of you and who do you feel that you can talk with when you’re under stress?*” It is important that you encourage the inclusion of adults and not only peers. It is also best to include people at school and also outside school, at home or in the community.

Conversation with the student can explore the challenge of choosing someone who they can share their crisis situation with and who can offer support. The person should be named and a way for the student to contact them placed in the plan. It is best if the student contacts these people ahead of time so they are aware they may be contacted for support. For a very private person, this is a significant step and may need encouraging. Explore barriers to contacting the people noted and any history of them supporting the student. Role-playing the anticipated conversation can be helpful.

**Step 5: Professionals I can contact during a crisis or emergency:**

This step is to explore how the student accesses people in professional roles who can provide help in times when the activities of the first 4 steps do not relieve the crisis state. Ask: “*Who are the healthcare professionals or other people supporting your mental health that we should identify to be on your safety plan, including counselors and case managers?”*

This should be a prioritized list of professionals who are already familiar with the student and their history and/or are currently working with them and the best way to contact them. This will often include you as a school professional who will be following up with the student. If regular appointments are made, include the appointment day and time. It must also include supports available 24/7 such as the statewide crisis line and 911. Be sure you focus on professionals the student is likely to contact. Practice making a call or text to the crisis line and other resources that may be new to the student. Consider role-playing a call to 911 to anticipate what might be a response. If the student is isolated, the NAMI Maine Teen Support Text Line may be a good resource to include. (207-515-TEXT).

**Step 6: Steps I can take to keep myself safe by reducing access to means I might use:**

The risk for suicide is heightened if someone has easy access to lethal means; this step addresses the identification of such means and the steps to limit access and make the environment safe. The attention is focused on any means identified by the student as a possible choice to attempt their life. The rural nature of Maine means that firearm ownership is high and access to a firearm must be assumed until assessed.

**Always ask:** How many firearms are in your home? Ask about medication, drugs and alcohol as well, especially if they have been considered as possible means by the person.

A plan to restrict access often includes working with the family on safely storing medication, implementing gun safety procedures, or restricting access to knives or other lethal means. These steps are always best done collaboratively with the student, but, if needed, can be implemented against their wishes if risk of harm warrants it. Step 6 often includes collateral contact with family to implement safety steps, especially when working with youth in a school setting. Additional resources and an online training on Counseling on Access to lethal Means [(CALM) is available here](https://zerosuicide.edc.org/resources/counseling-access-lethal-means-calm).

**Step 7: What in your life is worth living for?**

This final step, asked as an open question, allows the student the opportunity to identify and focus on what gives their life meaning and keeps them attached to life. You might ask: “Can you name a couple of things that are very important to you and are worth living for?”

**Gaining a commitment to use the plan:** The bottom of the plan form includes lines for signatures of the student, the person helping the student write the plan as well as space for parent and administrator signatures. This serves a documentation role, but more importantly, represents another step where the youth is committing to the plan. If the plan includes or involves parental input, ask them to sign as well. This should be guided by your protocols.

**Implementing the plan:** Discuss with the student how they will keep the plan and what would tell them it is time to use it. Transfer the plan to a phone application such as MY3 after it is made. MY3 also facilitates sending the plan to others that the student feels need access or who are offering ongoing supportive services to the student.

The Safety Plan is never fully complete; it is designed to be used and then modified as situations change, as activities and supports shift and as professional resources change over time. Plan on a follow-up conversation after a week or so to see if the plan was used and to make any changes the student feels are needed. Use the Safety Plan as a part of any future check-ins to both track individual progress and to remind the student that the plan is available.

Reference: Stanley, B., & Brown, G.K. (with Karlin, B., Kemp, J.E., & VonBergen. H.A.). (2008). *Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version*