Safety Planning for Behavioral Health Professionals

A LOOK INTO THE SAFETY PLANNING PROCESS

December 12TH, 2025

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Training Disclaimer

This training is hosted by Iowa's Center of Excellence for Behavioral Health (CEBH). While Iowa CEBH is partly sponsored by the Iowa Department of Health and Human Services (Iowa HHS), please note that the views, opinions, and content shared in today's training are those of our trainers and do not necessarily reflect the views, opinions, or policies of Iowa HHS.

Course Objectives

1. Describe the purpose of safety planning and identify clinical situations where safety planning is appropriate.

2. Demonstrate collaborative strategies for engaging clients in the safety planning process.

3. Identify and apply the six components of the Stanley-Brown safety plan and develop strategies to address common barriers.

Before We Continue…

- What are your thoughts on safety planning?
  - Use a device to contribute to the following word cloud
  - Could be how you feel about using safety plans, whether you think they're important or not, any thoughts that pop up when we say, "safety plan"

SAFETY PLAN OVERVIEW

Safety Planning Characteristics

Safety Plans are:

- A standalone intervention
- Proactive
- Collaborative
- Personalized to the client
- Specific
- A tool to increase safety
- Able to be completed by any health professional with training

Safety Plans are Not:

- Set in stone, unchangeable
- Premade
- Meant to replace long-term care
  - Not focused on changing underlying thoughts/conditions

What About "No-Suicide Contracts"?

- Proven ineffective
- Lack of actionable steps for client
- May have harmful impact

When to Make a Safety Plan

- Client is exhibiting thoughts of suicide
  - Emergency departments
  - Trauma centers
  - Crisis hot lines
  - Psychiatric inpatient units
  - Outpatient setting
  - Acute care settings (e.g., Mobile Care Teams)

When to Make a Safety Plan Continued

Risk Level	Characteristics	Safety Plan Warranted?
Low	Suicide Ideation	Yes
Medium	Suicide Ideation + Plan	Yes
High	Suicide Ideation + Plan + Intent	Not Necessarily

Variations

Stanley-Brown

Most Common – Our focus for today

SAFETY-A

Formally known as Family Intervention for Suicide Prevention
Youth focus – highlights family involvement

CAMS Stabilization Plan

Similar to the Stanley-Brown – More focused on problem solving, treatment and identifying barriers to treatment

Approaching the Safety Plan with Clients

- Explain concern for safety

- Introduce safety plan

- Ask before starting

- Adjust for development

SAFETY PLAN
COMPONENTS

Stanley-Brown Safety Plan Components

Warning Signs

Individual Coping Skills

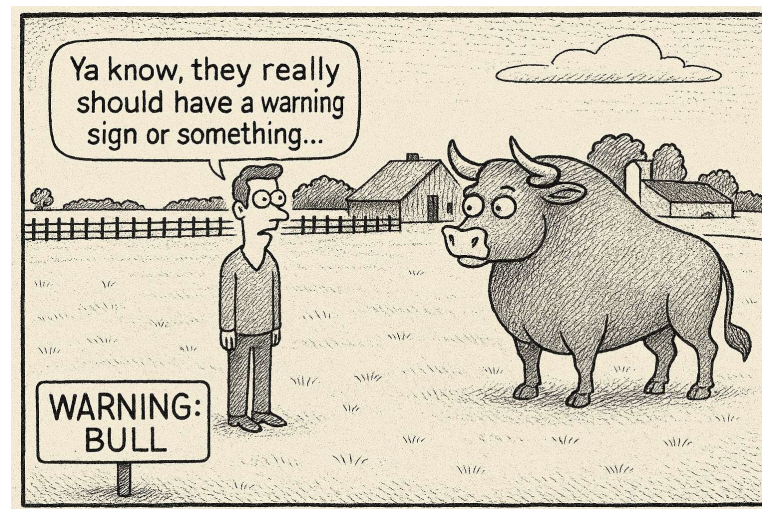**Social Supports**

Distractions

Professional Resources

Making the Client's Environment Safe

Warning Signs

- Indicators of possible incoming crisis
- Types of warning signs
  - Internal Cues
  - External Cues

Ya know, they really should have a warning sign or something...

WARNING: BULL

Individual Coping Skills

- Independent activities
- Enjoyable
- Lean on past coping skills

COPING SKILLS EXAMPLES

Address basic needs: eat something, drink water, shower

Journaling

Listening to or playing music

Playing board or video games

Moving the body

Coloring or other creative activities

Social Supports

- Good Candidates for Social Supports
  - Trusted by client
  - Client is comfortable discussing crisis and/or thoughts of suicide with support

Distractions

People

- Take mind off pain/stress
- Clients do NOT have to discuss crisis
- Examples
  - Friend(s)
  - Neighbor
  - Family member

Places

- Safe locations
- Takes mind off crisis
- Examples
  - Coffee shop
  - Library
  - Religious spaces

Professional Resources

- Higher level of care that can be provided
  - Therapists
  - 988 or 911
  - Iowa Warmline
  - Crisis stabilization locations
  - Mobile Crisis Team
- Which options make the most sense for the client?

  YourLifeIowa.org

Making the Environment Safe

- Reducing Access to Lethal Means
  - Ask about client's suicide plan
  - Collaborate on reasonable steps to reduce access

- Common Means
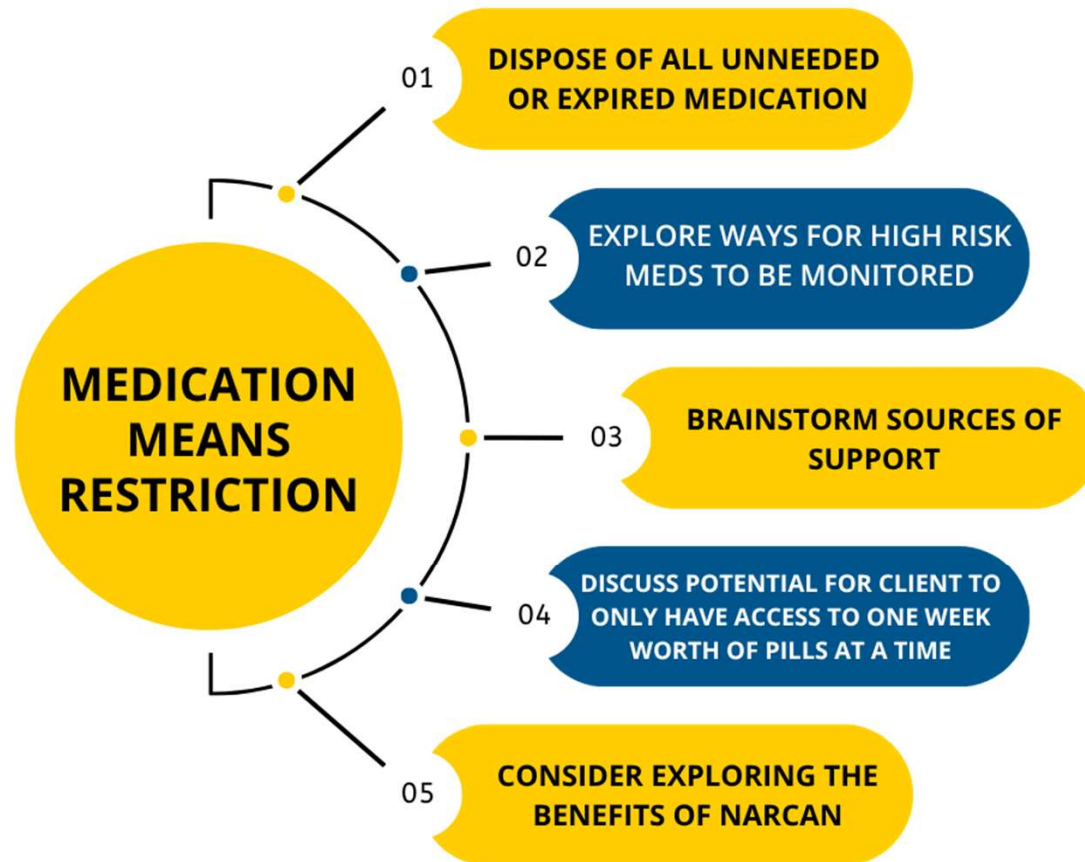 - Guns/firearms
  - Medication
  - Methods of suffocation
  - Sharps
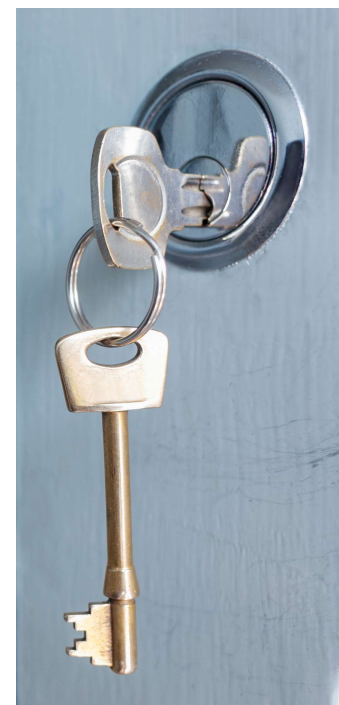
Making the Environment Safe – Firearms

STORE FIREARMS OUTSIDE OF HOME
- Trusted Individual
- Shooting Range
- Storage Unit

FIREARMS IN GUN SAFE
- Keep passcode or key away from client
- Remove ammunition and keep in separate location ideally

REMOVE KEY FIREARM COMPONENT
- Store component in safe location

IDENTIFY ANY STEPS CLIENT AND/OR FAMILY ARE WILLING TO TAKE

Making the Environment Safe − Medication

MEDICATION MEANS RESTRICTION

- 01 DISPOSE OF ALL UNNEEDED OR EXPIRED MEDICATION
- 02 EXPLORE WAYS FOR HIGH RISK MEDS TO BE MONITORED
- 03 BRAINSTORM SOURCES OF SUPPORT
- 04 DISCUSS POTENTIAL FOR CLIENT TO ONLY HAVE ACCESS TO ONE WEEK WORTH OF PILLS AT A TIME
- 05 CONSIDER EXPLORING THE BENEFITS OF NARCAN

Making the Environment Safe – Suffocation and Sharps

Methods of Suffocation

- Identify item(s) in client's suicide plan
  - Pet leashes
  - Extension cords
  - Ropes
  - Belts
  - Plastic Bags
- Explore solutions to limit access and/or increase time to access said item

Sharps

- Identify sharps in home – especially ones in client's suicide plan
- Determine doable restriction methods
  - Remove items from home
  - Lock items away
  - Check-in, check-out system
  - Designated 'safe' place (in or out of home)

Developing High Quality Safety Plans

- Filling out all safety plan categories

- Be specific

- Be flexible

- Foster autonomy

- Complete with trained professional

- Be realistic
  - What is doable for the client?
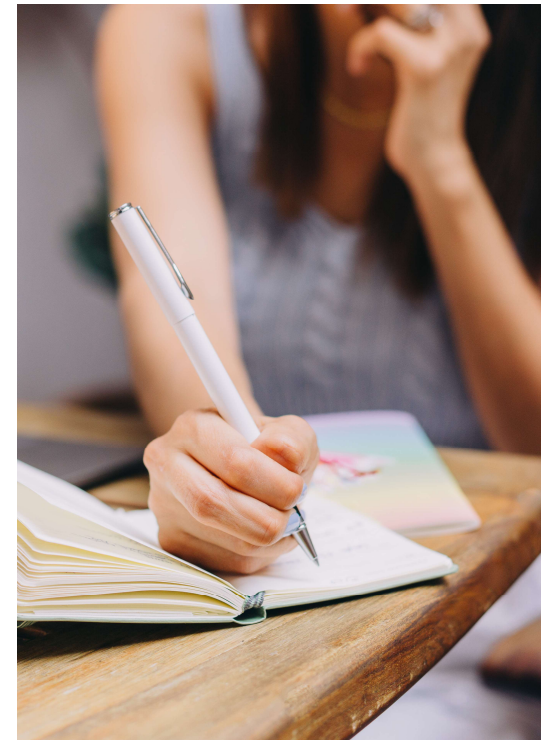
ENGAGING CLIENTS

Engagement Strategies

- Build rapport
- Actively listen
- Utilize previous conversations/make mental notes

Person-First / Strengths Based Language

- See the person, not the condition
- What strengths does this client exhibit?

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder
Frequent Flyer	Utilizes services and supports when necessary
Hostile, Aggressive	Protective
Helpless/Hopeless	Unaware of capabilities/opportunities
Mentally ill	Person with a mental illness
Lazy	Ambivalent, Working to build hope

Manipulative	Resourceful
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to, Isn't ready for, Not open to
Suffering with	Working to recover from; experiencing; living with
Abuses the system	Good self-advocate
Weaknesses	Barriers to change or needs

When to Engage with Others Besides the Client

- Working with youth − if/when appropriate
  - Families, Parents, Schools
- Contacting support services with client
- People that the client is comfortable with

TEMPLATES AND DIGITAL TOOLS

Templates

- Stanley – Brown Safety Plan
- 988 Safety Plan
- More options online

Digital Tools

- Safety Plan Application
- Stanley-Brown Safety Plan Application

AFTER THE SAFETY PLAN
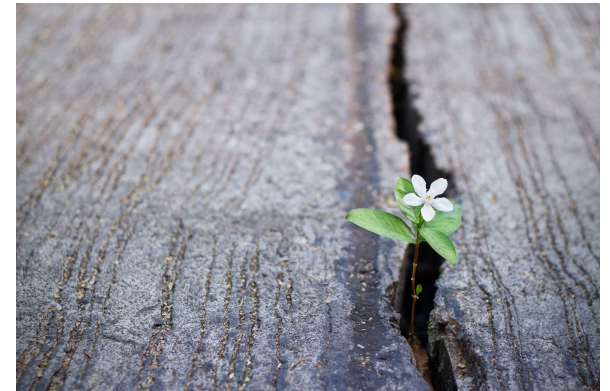
After Safety Plan Development

- Provide client with original document
  - Provider keeps a copy
- Identify where to keep it
- Set expectations for check-ins and updates
- Discuss potential barriers

When Should Clients Use Their Safety Plan?

- When client is:
  - Experiencing thoughts of suicide
  - Notice any of their warning signs
  - Sensing the onset of a crisis

ROADBLOCKS

Time with Client

- Providers may have limited time with clients
  - Emergency departments
  - Hospital settings (e.g., Primary Care Provider office)
- Be flexible with who works on the safety plan

Client isn't Willing or is Reluctant to Safety Plan

- Explore and address barriers
- Reaffirm importance
- Fill out as much as possible
- Future safety planning opportunities
- Cannot force the process

Lack of Trust in Safety Plans

- Lack of research? – Yes and No
  - Consensus: Adults are benefited from safety planning; decreased suicidal behaviors; mixed results for suicide ideation
  - Further research needed: Effective safety planning for youth, multigenerational and multicultural populations

Safety Plan Case Application

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Safety Planning for Behavioral Health Professionals

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Questions?

Mackenzie Blackhall
Instructional Service Specialist
Center of Excellence for Behavioral Health

Mackenzie-blackhall@uiowa.edu

→ **uiowa.edu**

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