

SAFETY PLANNING

FOR MENTAL HEALTH COUNSELING



/ Introduction

Sometimes what brings someone into therapy is not a single thought or moment, but a quiet accumulation, distress building beneath the surface, thoughts becoming more persistent, emotions more difficult to hold alone. In these moments, assessment and intervention are not simply clinical tasks; they are relational acts. They require presence, attunement, and a structure that can hold both risk and hope at the same time.

This packet is designed as a guide for navigating suicidal ideation through a lens that is both structured and deeply human. It integrates evidence-based suicide risk assessment with relational, trauma-informed care, recognizing that safety emerges not only from evaluating risk, but from fostering connection, meaning, and collaborative support. The framework draws from established approaches to suicide assessment, including structured exploration of ideation, intent, and protective factors, as well as brief, collaborative interventions such as safety planning (Stanley & Brown, 2012).

The materials included here reflect a progression: from identifying levels of risk, to conducting a nuanced assessment of suicidal ideation, to engaging in a four-step intervention process, connect, understand, assess, and plan, and finally, to developing a collaborative safety plan. As illustrated across the packet (see pages 4-7), this process emphasizes both clinical clarity and relational depth, supporting clinicians in moving from evaluation to meaningful intervention.

Importantly, this approach resists a false binary between validation and action. Instead, it holds that validation is what allows intervention to land.

Clients are not moved toward safety through urgency alone, but through feeling seen, understood, and supported in translating overwhelming internal experiences into manageable steps forward. In this way, safety planning becomes not just a protocol, but a collaborative act of restoring agency, connection, and future orientation.

This packet is intended to serve as both a clinical tool and a relational map, one that supports counselors in navigating complexity with clarity, while remaining grounded in empathy, curiosity, and care.

References

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CLOUDWHALE COLLECTIVE
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/ How to be with Someone in Crisis



— **Slow your pace**

*Let the moment breathe before you respond
Silence is not empty, it gives the client room to arrive*

— **Regulate your own nervous system**

*Notice your breath, your body, your tone
Your steadiness becomes the container for theirs*

— **Match the client's language**

*Use their words, not translations of them
Meaning lives in how they name their experience*

— **Stay with, before moving toward**

*Resist the urge to fix, reframe, or solve too quickly
Understanding creates the ground where change can land*

— **Follow the emotional signal**

*Track what feels most alive, not just what is said
The feeling is often the doorway*

— **Hold both risk and humanity**

*Assess clearly, but do not reduce the person to the risk
They are more than this moment*

— **Invite collaboration**

*Let the work feel like something you are building together
Not something being done to them*

— **Trust the pace of unfolding**

*Clarity emerges over time
You do not have to force what is not ready*

**PRESENCE IS NOT PASSIVE, IT IS WHAT
MAKES INTERVENTION POSSIBLE.**

RISK LEVEL

SUICIDAL IDEATION GENERAL CRITERIA

RISK LEVELS ARE FLUID AND SHOULD BE UNDERSTOOD WITHIN RELATIONAL, CULTURAL, AND CONTEXTUAL FACTORS.

01. LOW RISK



- ___ No verbal expressions of intent for suicide.
- ___ No thought pattern of suicide or self-harm
- ___ Fleeting/existential thoughts about death
- ___ No significant risk factors

02. MILD RISK



- ___ Depressed / Feeling Blue
- ___ Feeling Rejection & Disappointment
- ___ ask verbal expressions of intent for suicide of self-harm unless
- ___ May vigorously deny suicidal thoughts; admits to intermittent/passing thoughts of death with spontaneous assurance to evaluator that no attempt will be made
- ___ Feeling overwhelmed with crisis; feels hopeless for change
- ___ May exhibit somatic complaints

03. MODERATE



- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ___ Isolated and not talking to their family ___ Depressed / Feeling Blue ___ Feeling Rejection & Disappointment ___ ask: verbal expressions of intent for suicide of self-harm unless ___ May vigorously deny suicidal thoughts; admits to intermittent/passing thoughts of death with spontaneous assurance to evaluator that no attempt will be made ___ Feeling overwhelmed with crisis; feels hopeless for change | <ul style="list-style-type: none"> ___ May exhibit somatic complaints ___ Hesitates when asked if suicidal ideation present ___ Jokes/off-hand comments about suicide ___ May have diagnosis of chronic/terminal illness (mental or physical) ___ Non-specific plan ___ Suicidal ideation present and includes: <ul style="list-style-type: none"> > Listlessness, tiredness, depression, neurovegetative signs > Thoughts of wanting to go to sleep and never waking up > Being a burden to others | <ul style="list-style-type: none"> > Accident proneness > Alcohol/Drug Abuse > Support system not utilized; significant others/family not aware of depression > Spiritual thoughts a deterrent to harm > Can think of non-suicidal option to solve problem > Seeing "not being here" as option ___ Agrees to safety plan, could include: <ul style="list-style-type: none"> > Going to emergency room > Calling for support |
|---|--|---|

04. ADVANCED & SEVERE



- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ___ "I am a waste of space" ___ "I am a burden" ___ Lethality of method ___ Maybe attempted suicide before ___ Admits to thoughts of death ___ Plans a suicide attempt/selects method/weapon ___ Lethality of method: advanced to severe ___ May actually attempt suicide ___ Suicidal ideation is present and includes: <ul style="list-style-type: none"> > Feelings of | <ul style="list-style-type: none"> hopelessness, helplessness, isolation > "It will never get better" > "Pain of living is too much to bear" > Thoughts of wanting to "get it over with" > Giving things away, makes a will, checks insurance policy > Writes goodbye letters > History of unsuccessful attempt(s) ___ May disclose suicide plan to therapist ___ No support system | <ul style="list-style-type: none"> ___ Perception of being a great burden to others ___ Has rationalized spiritual ideology to encompass a justification of planned actions ___ Can think of no other option other than suicide ___ Hesitant to make safety plan |
|--|--|--|

CONSULTATION & SUPERVISION

- Do I need to seek consultation before client leaves?
- Do I need/want to seek supervisions after session and/or before session with this client?
- How am I feeling about this?
- What are my specific concerns for client?
- What are my concerns about myself?
- Am I ready to see my next client?
- How do you recenter yourself?

DOCUMENTATION

- Discuss limits of confidentiality
- Relevant client history
- Previous records
- What you did in session
- Specifics (FDI, SLAP, IS PATH WARM)

Quick Reference Guide Assessment & Suicidal Ideation

What does the counselor do?

I IDEATION	S SUBSTANCE ABUSE	P PURPOSELESSNESS	A ANXIETY	T TRAPPED	H HOPELESSNESS	W WITHDRAWAL	A ANGER	R RECKLESSNESS	M MOOD CHANGES
"Thank you for trusting me with that. Those are really important things to say out loud. Have those thoughts been happening often?" "Are you talking about suicide?"	"Can you share with me what your recent relationship with substances like alcohol or other drugs has been like?" "What role, if any, have alcohol or other substances been playing in how you've been coping lately?"	"Talk to me about how you are feeling when the thoughts of suicide are the most present and active..."	"Have you felt anxious, restless, or had trouble sleeping lately?"	"Could you share what's been weighing on you lately or what's felt hard to get through?" "When you think about your current situation, what feels stuck or difficult to change?"	"You mentioned feeling hopeless. Do you ever feel like things won't get better?"	"Can you tell me your connections with others and what that looks like lately?" "What has your social world been feeling like recently?" "Have you been pulling away from people or isolating yourself more than usual?"	"Could you talk to me about what you have been going through lately relating to anger or fear?"	"Could you talk to me about what you have been going through lately relating to recklessness?"	"Have you noticed changes in your mood, feeling really low, or suddenly irritable?"

S SUICIDAL	I IDEATION	M METHOD	P PERTURBATION	L LOSS	E EARLIER ATTEMPTS	S SUBSTANCE ABUSE	T TROUBLE SHOOTING	E EMOTIONS DIAGNOSIS	P PROTECTIVE FACTORS	S STRESSORS
/ Is the individual expressing suicidal ideation? / Do they have Plans and preparation? / Sickness or mental health history	/ Ideation What is their suicidal intent?	/ How detailed and accessible is their suicidal method? / Means, Access, & Lethality of the method	/ How strong in their emotional pain?	/ Have they experienced actual or perceived loss?	/ Experience with attempts or exposure / Sickness or mental health history	/ Is individual using/abusing drugs, alcohol or other substances?	/ Trouble shooting skills (Lack of) - / Are they able to see alternative options?	/ Hopelessness, helplessness, worthlessness, loneliness, agitation, depression, impulsivity	/ Protective factors (Lack of) / What is keeping this person safe from suicide? Who are their supports / Internal such as personal values /external such as people, resources, & agencies?	/ Stressors & Life Events / What has happened in their life to lead them to suicide?

Understanding Lethality

F FREQUENCY	D DURATION	I INTENSITY	S SPECIFICITY	L LETHALITY	A AVAILABILITY	P PROXIMITY
How often are the thoughts occurring? (e.g., "How many times a day or week do you find yourself thinking about ending your life?")	When the thoughts come, how long do they last? (e.g., "Are these fleeting moments, or do they stay with you for hours?")	How strong or compelling are these thoughts? (e.g., "On a scale from 1 to 10, how strong is the urge to act on these thoughts when they arise?")	Do they have a specific plan? (e.g., "Have you thought about how you might do it?")	How deadly is the method? (e.g., "How likely is it that the method would result in death?")	Do they have access to the means? (e.g., "Do you currently have pills, weapon, etc.?)")	How close is help or intervention? (e.g., "If you were in crisis, is there someone nearby or someone you could call?")
/ FDI = gauges how persistent & overwhelming the thoughts are.			/ SLAP = assesses how serious and close to acting the plan is.			

Questions for Suicidal Ideation

***These questions are intended to be asked collaboratively, not as a checklist.*

01.

I. Exploring Suicidal Ideation:

To understand the emotional landscape & thoughts of the client:

- ___ Can you tell me **more** about what you've been feeling lately, especially in **your hardest moments**?
- ___ When the thoughts come, are they **fleeing**, or do they **stay with you for a while**?
- ___ What makes life feel **heavy** right now?
- ___ What would you hope to **escape** from or **change by not being here**?
- ___ What do you **imagine would happen** if you weren't around?
- ___ Is there a part of you **that wants to live**, even if it feels far away right now?
- ___ What helps, even a little, **when the darkness gets really loud**?

02.

II. Assessing Risk Gently but Clearly:

To evaluate level of risk while maintaining connection:

- ___ Have you had any **thoughts about ending your life**?
- ___ Do you have a **plan** for how you might do it?
- ___ **Have you ever tried before**, or come close?
- ___ Do you have **access to the means** you've described?
- ___ On a **scale of 0 to 10**, how **strong** is the urge when it's at its worst?
- ___ **What keeps you safe** when those urges come up?

03.

III. Exploring Protective Factors:

To build connection with life, meaning, and internal/external anchors:

- ___ **Who or what matters to you right now**—no matter how small?
- ___ **What has kept you here**, even in your worst moments?
- ___ **Is there someone you feel safe** reaching out to if things feel too heavy?
- ___ **Have you felt relief after talking** to someone about this before?
- ___ What's a **place or memory that gives you a tiny bit of peace** or grounding?
- ___ If you could **imagine a reason to stay** just for today, what might that be?

04.

IV. Collaborative Safety Planning:

To engage the client as an empowered partner in their own care.

- ___ What are some **signs you notice** when things are starting to feel unmanageable?
- ___ **What has helped you cope** or interrupt those thoughts in the past?
- ___ **What can we write down now that might help you in a future moment of crisis**?
- ___ **If you started feeling unsafe, who could you call**?
- ___ What would you want to hear?
- ___ **What could we remove or limit** in your environment that might help you feel safer?
- ___ **What would you like me, or others, to know about what you need** when you're in that headspace?

05.

Hope

A Hope Box

(digital or physical) contains meaningful items that remind the client of their reasons to stay alive, things that elicit comfort, connection, identity, or hope.

Section 1:

Grounding & Soothing

- ___ "Is there something that helps you feel more connected to your senses—something that calms your nervous system?"
- ___ "Are there smells, textures, or sounds that comfort you or bring you back into your body?"

Section 2:

Memory & Connection

- ___ "What photos, letters, or notes remind you of a time when you felt safe or loved?"
- ___ "Is there someone—past or present—you feel deeply connected to? What object reminds you of them?"

Section 3:

Purpose & Future

- ___ "When you imagine a small spark of hope, what image or word comes to mind?"
- ___ "Are there dreams you haven't given up on completely? What could represent those?"
- ___ "Is there a quote, lyric, or poem that feels like a thread you're still holding onto?"

Section 4:

Identity & Strength

- ___ "What item reminds you of how strong or resilient you've been in the past?"
- ___ "Is there something that reflects who you are, even if the world doesn't always see it?"



8 PHASES for Suicidal Ideation / SAFTY PLANNING

 <p>01. Identify Warning Signs</p>	 <p>02. Internal Coping Strategies <small>(Things You Can Do Alone)</small></p>	 <p>03. Hope & Future Orientation</p>	 <p>04. Personal Support System</p>	 <p>05. Professional Support</p>	 <p>06. Creating a Safe Environment</p>	 <p>07. Crisis & Emergency Resources</p>	 <p>08. Review & Rehearsal</p>
<p>___ "When do you think you would need to use this plan?"</p> <p>___ "What are some situations, feelings, or thoughts that usually come up before things feel overwhelming?"</p> <p>___ "Are there people, places, or times of day that tend to make things feel worse for you?"</p>	<p>___ "What helps you feel just a little bit calmer or more grounded when things get hard?"</p> <p>___ "Are there activities that bring you comfort, even briefly?"</p> <p>___ "What's something that helps quiet your mind or gives you space from distress?"</p> <p><small>(If needed: ___ "Some people find things like baking, journaling, or listening to music helpful—would any of those work for you?")</small></p>	<p>___ "You mentioned [_____ person or event] earlier, can you tell me more about what that means to you?"</p> <p>___ "Are there any future events you're looking forward to, even just a little?"</p> <p>___ "What's something, or someone, you'd still want to be here for?"</p>	<p>___ "If things start to feel too heavy, who could you call or talk to?"</p> <p>___ "Can we make a list of people you trust, friends, family, loved ones?"</p> <p>___ "Would it be helpful to keep their numbers saved in your phone or written somewhere easy to reach?"</p>	<p>___ "Who are the professionals you could reach out to when things feel unsafe?"</p> <p>___ "Would you feel okay contacting your counselor, doctor, or a crisis service?"</p> <p>___ "Let's gather the names and numbers for those resources so you can access them quickly."</p>	<p>___ "Are there any items in your home or space that could be dangerous if things got worse?"</p> <p>___ "What would it look like to remove or secure those items, medication, weapons, alcohol?"</p> <p>___ "Is there someone you trust who could help with this?"</p> <p>___ "Are there places that feel unsafe or triggering right now? What can we do to help you avoid them?"</p>	<p>___ "What emergency contacts or crisis services should we include?"</p> <p>___ "Would you feel comfortable saving the number for the Suicide & Crisis Lifeline (988) or texting 'HELLO' to 741741?"</p> <p>___ "Do you know where your nearest emergency room is, in case you need it?"</p>	<p>___ "Let's walk through the plan together, can you talk me through what you'd do first if things started feeling unsafe?"</p> <p>___ "How would you know it's time to reach out or use part of your plan?"</p> <p>___ "What steps would you take next?"</p> <p>___ "Do you feel like this plan makes sense for you, anything you'd like to add or change?"</p>

///SAFTY PLAN

THIS IS A COLLABRATIVE PLANNING GUIDE

/A. Things that trigger me:



[] _____ ⚡

[] _____ ⚡

[] _____ !

[] _____ ?

/D. Places that help me feel safe



_____ Ⓧ

_____ Ⓧ

_____ 🏠

_____ 📍

/G. Reasons to stay safe:



_____ 📍

_____ 🏠

_____ 🤝

_____ 🙌

/B. Signs I am triggered:



/ . _____ 📍

/ . _____ 📍

/ . _____ 📍

/ . _____ 📍

/E. How can I make my environment safer?



_____ 🔒

_____ ⚠️

_____ 📱

_____ 📞

/G. Professionals to contact in crisis:



! USA: TEXT "HOME" TO 741741 TO TEXT A COUNSELOR 24/7

! USA: CALL 988 TO TALK TO A COUNSELOR 24/7

/C. Things I can do individually to cope



/ . _____ 📖

/ . _____ 📖

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/F. Loved ones to contact when triggered

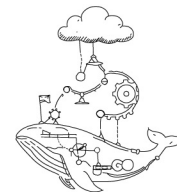


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