

Q. What is the Safety Planning Intervention?

A. The Safety Planning Intervention (SPI) was developed by Stanley and Brown (2012) as a brief intervention to reduce the risk of suicide in suicidal patients seen in emergency settings. Safety planning is part of the discharge process for patients at risk for suicide. Providers work collaboratively with the patient to develop a safety plan that includes recognition of warning signs, use of coping strategies, use of social support, contact information for professional help, and limiting access to lethal means (VA/DoD, 2019). SPI is a protocol that uses these elements of safety planning as a single-session, stand-alone psychosocial intervention.

Q. What is the theoretical model underlying SPI for suicidality?

A. In the past, treatment of the underlying disorder was deemed adequate for addressing suicidality. More recently, however, the importance of addressing immediate safety by reducing risk and developing coping strategies has been recognized (VA/DoD, 2013). Suicidal patients seen in emergency settings are assessed for level of risk and referred to the appropriate level of care (Stanley & Brown, 2012). Patients with lower risk for whom hospitalization is not indicated are provided with referrals for outpatient mental health treatment. Given the acute nature of suicide risk and the time lag between discharge and outpatient care (and that some patients will not seek outpatient treatment), delivery of a brief intervention at discharge is critical.

Q. Is SPI recommended as a treatment for suicidality in the Military Health System (MHS)?

A. **No.** The 2019 VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide does not include a specific recommendation for or against SPI. However, the CPG does recommend crisis response planning, with a “Weak For” strength of recommendation, and outlines the similarities and differences between crisis response planning and SPI.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend SPI as a treatment for suicidality?

A. **No.** Other authoritative reviews have not substantiated the use of SPI for suicidality.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on the treatment of suicidality were identified.
- Cochrane: A 2016 systematic review of psychosocial interventions for self-harm in adults did not include any SPI studies (Hawton et al., 2016).

Q. Is there any recent research on SPI as a treatment for suicidality?

A. An August 2019 literature search did not identify any published randomized controlled trials (RCTs) of SPI as a stand-alone treatment. A cohort study including 1,640 patients presenting to the emergency department for a suicidal crisis, but not requiring inpatient hospitalization compared five Department of Veterans Affairs (VA) emergency departments implementing SPI plus telephone follow-up

to four VA emergency departments with usual care (Stanley et al., 2018). This study found that patients receiving SPI plus telephone follow-up engaged in significantly fewer suicidal behaviors over a six-month follow-up period compared to patients receiving usual care, and were significantly more likely to engage in outpatient behavioral health care. A version of SPI modified for veterans (SAFE VET) was implemented and evaluated in five VA emergency departments, with some promising data for acceptability and follow-up services use (Knox et al., 2012). An RCT was recently completed evaluating the efficacy of Safety Planning for Military (SAFE MIL), which uses the SPI model (Ghahramanlou-Holloway et al., 2014). Results of this study are not yet available.

Q. What conclusions can be drawn about the use of SPI in the MHS?

A. Although many of the safety plan components used in SPI are included in the VA/DoD CPG recommendation for crisis response planning, the efficacy of the SPI protocol has not been evaluated in published RCTs. An RCT evaluating the efficacy of SPI in a military setting was recently completed, and results of this study will expand the body of evidence for this treatment.

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