

Safety Plans

SANDRA L. BLOOM, M.D.

BACKGROUND



Safety Planning has long been a significant component of working with victims of domestic violence because of the very real dangers they face in their close personal relationships and the emergency measures they may have to take to keep themselves and their children from harm. In psychiatric and residential settings it is less likely that someone is in danger from another person and more likely that they pose dangers of various kinds to themselves.

Our experience with trauma survivors over the years has taught us that focusing on safety as an ongoing concern is vital. We learned that survivors often have trouble identifying what is safe behavior and their deficits in anticipating future events may lead them to have difficulty in anticipating the consequences of unsafe behavior. In the Sanctuary Model when we use the word “safety” we are referring to four all-encompassing domains of safety: physical, psychological, social and moral. Safety Planning requires attending to all four domains simultaneously and coming up with a plan for avoiding danger.

It is clear, however, that safety issues are not simply applicable to people in treatment. For our brains to think rationally and act appropriately we must feel safe with each other and safe within our organizations. Creative and innovative planning and implementation is not possible without some degree of calm and safety. And the kind of thinking that is required to address complex problems does not occur under crisis conditions.

WHAT IS IT?

A Safety Plan is a list of simple activities that a person can choose when feeling overwhelmed so that the person can avoid engaging in the unsafe, out-of-control or toxic behavior he or she is accustomed to resorting to under stress and instead, use an activity that is safe, effective and self-soothing. The items in a Safety Plan should be simple things that people can do anytime, anywhere without embarrassment. In the Sanctuary Model, everyone has a Safety Plan so that having one and using it become a social norm, not simply an instruction pointed at a client. It is a form of Universal Precautions like washing one’s hands. Staff members often carry their safety plans on the back of their ID badges – always there, always conveniently accessed.

WHAT’S THE PURPOSE?

Safety Plans are designed to help people achieve increasing levels of skill in regulating their own emotional states. The creation of Safety Plans is a relational tool, adjusted over time to meet both increasing skill levels and increasing demands for those skills. It is both an individual and a group tool in the Sanctuary Model, providing a simple cognitive-behavioral skill for the individual and setting group expectations for the entire community. When people see each other using their safety plans, it strongly reinforces the notions that high levels of emotional distress can and should be managed, but that we all must learn to do that – it doesn't just come naturally.

The Steering Committee learn about Safety Planning at the Sanctuary Institute. It is often the first tool that they teach the Core Team in preparation for spreading the concept out around the entire community. The staff are encouraged to engage in regular Safety Planning, collaborating with the clients in the development of these plans and simultaneously utilizing the Safety Planning process as a way of beginning to teach the clients the S.E.L.F. constructs while they are at the same time, learning the constructs with the clients.

In Sanctuary, every person – child and staff – must develop Safety Plans for themselves. These plans should be simple and straightforward and provide options for at least five immediate steps that can be taken as soon as the individual finds himself in a stressful, challenging, or dangerous situation. Safety Plans can and should be progressive in nature so that each individual is developing an increasing level of skills that rely on his or her own resources and do not necessarily depend on anyone else. Having the staff draft and use their own Safety Plans helps them become more capable in helping the children or adult clients design and use their Safety Plans. In outpatient settings, whole families can work together on creating Safety Plans. The Core Team then drafts a process for review and revisions of the Safety Plans. Safety Plans are recorded on cards for the clients and for the staff to carry with them as a useful cognitive-behavioral self-management tool. Clients can keep them in their wallet, on their mirrors, on the refrigerator back home – whatever works.

See example of Gannondale's Safety Plan at <http://www.gannondale.org/sanctuary-model/safety-plan/>